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January 1978 • Vol. 71 • No. 1

# The JOURNAL

OF THE INDIANA STATE  
MEDICAL ASSOCIATION

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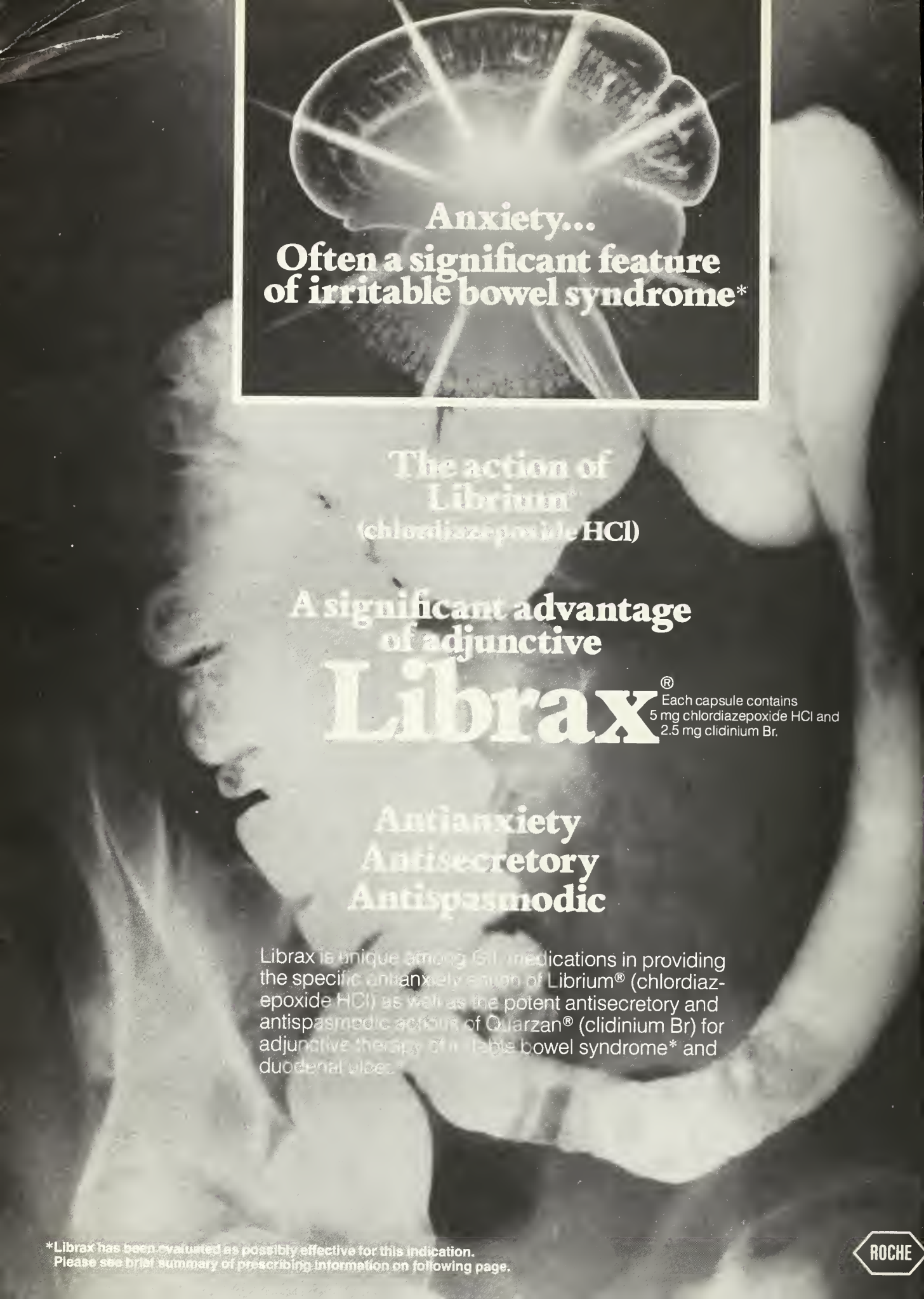
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INSIDE:

## **LEGIONNAIRE'S DISEASE...**

Another installment in the  
Continuing Medical Education  
Series



**Anxiety...**  
**Often a significant feature**  
**of irritable bowel syndrome\***

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Final classification of the less-than-effective indications requires further investigation.

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**Precautions:** In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established.

**Adverse Reactions:** No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

## What's New?

Cardmembers of American Express will find a substantial number of hospitals in the United States which will accept the American Express card for payment for hospital service. There are 145 medical facilities in the United States and Canada at present. Others will be added and the program will be extended to overseas hospitals. Medical facilities near vacation and tourist spots will be signed up first.

\* \* \*

Hewlett-Packard has a new set of software for ECG analysis which allows the individual cardiologist to program his own criteria for analysis. It also allows automatic comparison with a patient's earlier ECGs to detect trends. The new system improves ECG signal measurement.

\* \* \*

Hoechst-Roussel will market a thrombolytic agent, Streptase® (streptokinase). It has been in clinical trial 10 years. It is recommended as an intravenous agent for treatment of serious blood clots such as thrombophlebitis of deep leg veins or pulmonary emboli. Anti-coagulants, given at the same time, will prevent propagation of the clot but do not hasten its dissolution. Streptase will. It is recommended that it be used only in hospitals under physicians who are knowledgeable about coagulation and fibrinolysis, and where angiographic studies may be done. A hematology laboratory and volumetric infusion equipment are also essential.

\* \* \*

Marketing Technologies Corporation has an emergency call device named "LifeLine". It consists of a portable, pocket-sized wireless transmitter which, when actuated, broadcasts a coded radio signal to a central office. It's especially good for invalids who live alone or are left alone during the day. Also, in the case of rape, assault or burglary in the home, it will broadcast a call for help at a time when use of the telephone is impossible or impractical.

\* \* \*

Gulf+Western announces a new four-page full-color brochure describing a combination pulse and ECG rate monitor for use in emergency and general health care. Model 4600-A utilizes a standard finger sensor to detect pulse rate. Model 4600-B offers the same pulse capability but, in addition, provides the capability for detecting and displaying the electrical rate of the heart.

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments and surgical appliances—and book publishers. Each item is published as news and does not necessarily constitute an endorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

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# MEDICAL MUSEUM NOTES



Volume III of the *Indiana Medical History Quarterly*\* has just been completed with publication of the Number 4 issue. This month's page of Medical Museum Notes outlines the contents of this volume.

Edmund L. Van Buskirk, M.D. of Lafayette was author of the Number 1 and Number 1a issues. The Number 1 issue has a color reproduction of the Harry Davis painting of the Fort Wayne College of Medicine (which now hangs in the amphitheater of the Medical History Museum). Dr. Van Buskirk traces the very complicated history of medical education in the Fort Wayne area, a history in which his father, Dr. Edmund M. Van Buskirk (who graduated from, and later taught in, Fort Wayne College of Medicine), and his great-uncle, Dr. Aaron E. Van Buskirk (who was one of the founders of Fort Wayne's first medical school, the Medical College of Fort Wayne) played significant roles.

Dr. Edmund L. Van Buskirk provides biographical data on a number of physicians involved with medical education in the Fort Wayne area in the Number 1a issue of Volume III. The cover features a photograph of Dr. Benjamin S. Woodworth who first opened his office for the practice of medicine

in Fort Wayne in 1846. Dr. Woodworth, a founder and Dean of the Medical College of Fort Wayne, was elected president of the Indiana State Medical Society (now Association) in 1860.

Dr. George McCaskey, who was president of the Society in 1901, and Dr. Albert Bulson (founding editor of *The Journal*) are included among others who taught in these early Fort Wayne medical schools.

The September 1977 issue of *The Journal* featured caricatures on the Museum Notes page by Clarence Billings of a number of I.U. Medical School professors of the 1930's. The Number 2 issue of the *Quarterly* shows the Billings' caricature of Dr. Larue D. Carter on the cover, and then features a number of caricatures (not shown in *The Journal*) together with portraits and biographies of a number of physician-educators. These men have in common the fact that they taught in one of the early proprietary schools and also in Indiana University School of Medicine when it came into existence.

The Number 3 issue is dedicated entirely to Dr. Willis D. Gatch, Dean of I.U. School of Medicine from 1931 to 1946. The cover shows a black and white reproduction of the Wayman Adams portrait of Dr. Gatch. The printed content is

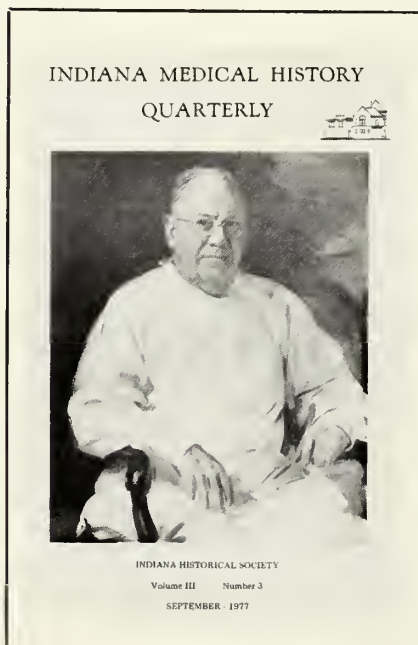
a reproduction of three of Dr. Gatch's articles. Of greatest historical significance is **"The Sitting Posture, Its Postoperative and Other Uses—with a description of a bed holding a patient in this position."**

This article, originally published in the March 1909 issue of the *Annals of Surgery*, represents the introduction of the Gatch bed to medical practice. The Number 3 issue also shows the drawing of the original bed which shows the movable parts to be entirely hand operated, without screw or other mechanical aid. (Henry Ford added the Jack-screw at a later date when he saw the bed in Detroit.) Another item of historical interest relating to Dr. Gatch is that his father and his uncle (a physician), both officers in the Union Army, were present in Ford's Theater on the night that President Lincoln was shot. They carried the wounded President in his rocking chair, across the street to the boarding house where he died.

The sole author of the Number 4 issue of Volume III is Dr. Goethe Link. The cover shows a close-up of the entrance of the State Medical College in Indianapolis where Dr. Link was the Director of the Anatomical Laboratory. (So far as I know this photograph has never been published before.)

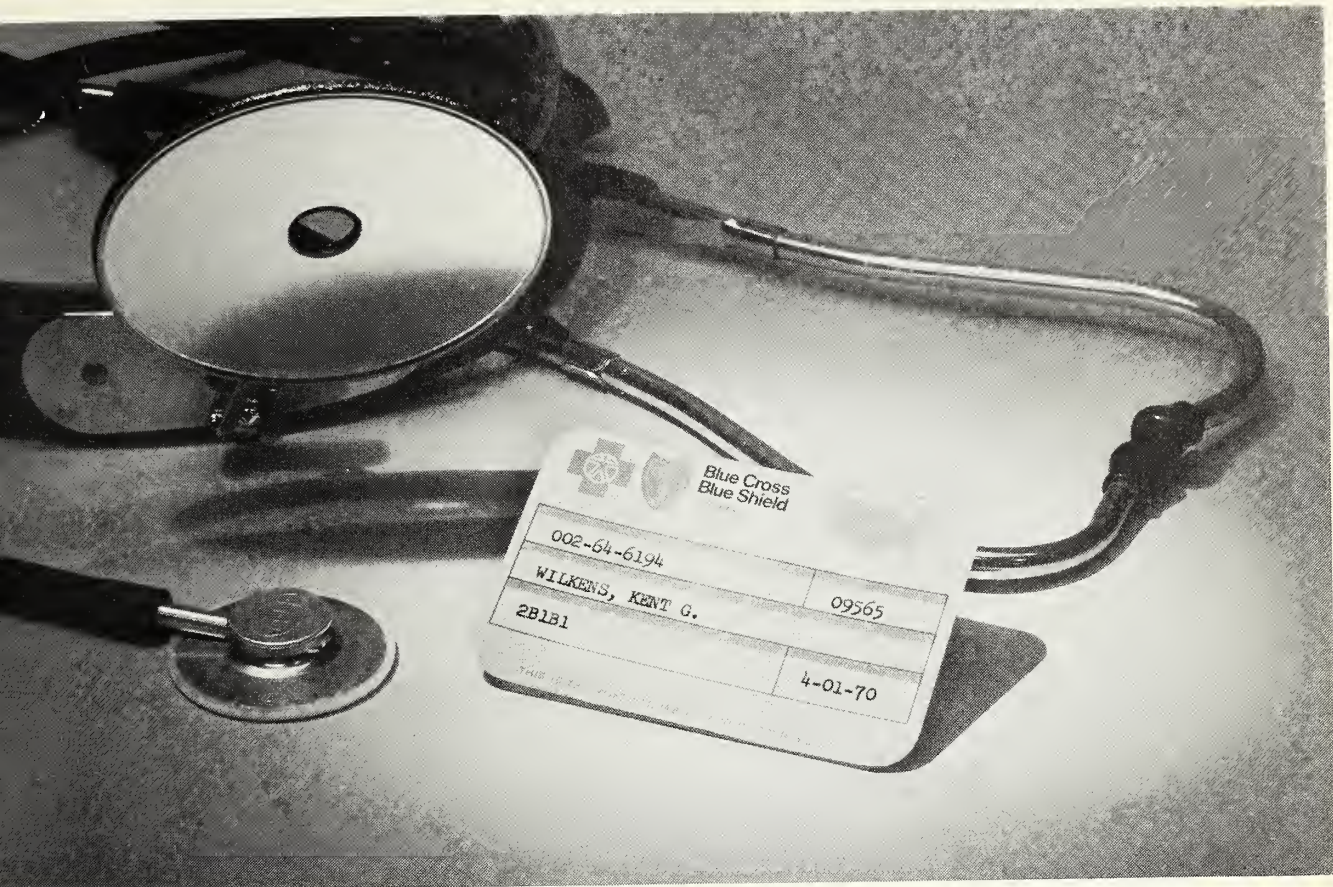
Two of Dr. Link's talks are presented. The first, "A Bit of Indiana Medical History," was presented at a surgical meeting in 1956 and was preserved on tape by the ISMA. The second talk, entitled "Shaking the Shimmy," which relates pathology to fashion, is as pertinent today as it was in 1922 when Dr. Link presented it to the Marion County Medical Society. The talk is reproduced from Dr. Link's original type-written manuscript. This serious article written in a humorous vein conveys the marvelous personality of Indiana's most enthusiastic medical historian and oldest medical educator.

CHARLES A. BONSETT, M.D.  
6133 E. 54th Place  
Indianapolis 46226



\* Published by the Medical History Section of the Indiana Historical Society, 315 W. Ohio Street, Indianapolis 46202.

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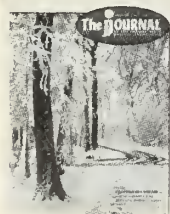
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### ABOUT THE COVER

Snow-capped trees in front of his home in West Lafayette, Ind., inspired Dr. Robert E. Hannemann, a pediatrician, to capture this scene on film last winter.

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All articles must be typewritten, double-spaced with margins of one inch.

Photographs should be printed on glossy paper. Negatives cannot be used.

Illustrations are desirable. Selection of illustrations submitted at discretion of editor and editorial board members.

Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible.

Articles are accepted for publication with the understanding that they are submitted for exclusive publication.

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## National Health Insurance

The American Society of Internal Medicine of about 15,000 members has formulated a statement of policy concerning national health insurance.

The Society feels that the first step toward establishing a universal insurance program must be the implementation of a reasonable, viable and effective hospital cost containment program. The reason—and it is a good one—is that hospital costs are the largest part of health care expenditures. Any financial load introduced into the system without solving hospital costs would be damaging to the national program and to the practice of medicine itself.

The internists recommend strongly that, if health insurance is mandated for everybody, the change should be by increments. They favor, for very sound reasons, starting with coverage for catastrophic illness.

They point out that the End-Stage Renal Disease Program, which started in 1972, is a catastrophic coverage. It is, however, discriminatory to those who encounter other types of medical problems requiring large sums of money.

Such a catastrophic program should be financed on a sliding scale. Indigents should pay nothing for such insurance—others should pay in proportion to their means.

Patient "cost - consciousness" should be built into the system by means of deductibles and co-pay-

## EDITORIALS

ments. This will require more book-keeping but, in the opinion of the Society, the money saved will more than pay for the added administrative expenses.

The internists say that the part of the financing that comes from the government should be from general tax revenues and not from the Social Security Trust Fund. It is estimated that reallocated funds from the Medicaid program and that obtained by elimination of individual income tax deductions for relief of large medical expenses would cover the difference.

The internists recommend that the program be administered by private health insurance carriers. Reasons: private carriers have the experience and have a good track record of processing claims more effectively and at lesser cost than federally administered programs.

Another recommendation is that no new cost control mechanisms be devised until the efficacy of the PSRO and the health planning programs have been tested by actual experience.

The Society feels that, before the catastrophic coverage is phased in, an effective educational program should be given the public to include a realistic understanding of the benefits. Benefits should not be oversold. This educational campaign is the responsibility of the

government and not the medical profession.

To quote directly from the Society document: "In conclusion, it is the opinion of the American Society of Internal Medicine that it is impossible to formulate, in one massive piece of legislation, a comprehensive national health insurance plan that is fiscally sound and that is guaranteed to allocate health care resources efficiently."

## Limitless Demand?

There is not enough money in the world to furnish the American people all the up-to-date medical care they would absorb if it becomes available without limitation.

This is a paraphrase of the most important item in an editorial entitled "National Health Insurance—The Debate Goes On," appearing in the November, 1977 issue of ACTION IN PHARMACY, J. Leo McMahon, J.D., Editor.

Mr. McMahon's most significant paragraph in an editorial chock full of wisdom is as follows: "There is one aspect of medical care which has not received adequate attention and comments. Let us remember one fact. The demand for medical care is potentially limitless and no one knows the boundaries to which it can rise in the absence of fiscal controls. Medicare and Medicaid have taught us this lesson over and over again. Once the barriers of out-of-pocket costs are reduced or eliminated the demand will increase

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*The Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

*Devoted to the interests of the medical profession of Indiana*

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## Limitless Demand?

CONTINUED FROM PAGE 6

almost exponentially. No society, regardless of its resources, can prepare itself to meet this artificially stimulated demand."

He lists the ideal characteristics of a national health plan. (1) Administratively simple. (2) Assure quality of service. (3) Emphasize prevention. (4) Should not bankrupt the treasury.

Then McMahon lists what an insurance program cannot do. (1) Cannot correct manpower problems. (2) Cannot improve knowledge base of providers. (3) Will not affect the quality of care provided. And, moreover, he says: "It is not a panacea for all the ills that affect our society."

And the big payoff is: "Recent studies have concluded that the time has come for us to develop healthier living habits, instead of seeking medical care for our problems."

He emphasizes that the health manpower situation is not stable enough and the government controlled medical aid programs are not managed well enough to warrant extending all care to central control. If it is to come, it must come in increments, like maternal and early childhood care and catastrophic care for starters.

Mr. McMahon also reminds us that NHI is a powerful issue because it is and can become more and more political. He hopes, above all, that the Congress will take a judicious look at medical care expenditures. "True it costs a lot to get well in America, but then it is equally true that the free enterprise system has made it possible to get well at all."

---

## Medical Claims

Investigators are reported as finding an increase in alleged Medicaid fraud, almost half of it involving physicians. Deplorable, if true. And, if true, the sooner it is eliminated the better.

The same sleuths have also "dis-

## EDITORIALS

covered" something that physicians and hospitals have known for a long time—"The staggering cost incurred by physicians to prepare health claims comes as a surprise to most persons," the study says.

And, "In addition, the workload can intrude seriously on a professional's practice."

There is an estimate that the Medicaid paperwork market could easily reach \$1.25 billion in mini-computer and word processing hardware alone. Big deal.

Frost and Sullivan of New York, a large technological market research organization, also reports from a study entitled "Medical Claims Processing the Market for Third Party Services" that there were 1.7 billion claims in 1975 with a cost, just to process the claims, of \$3.25 billion. The forecast for 1985 is 3.44 billion claims with a process cost of \$24.5 billion.

This is quite a forecast—from \$1.91 cost per claim to \$7.11 per claim in ten years. The increase is attributed to the government's forthcoming attempts to tighten-up claims processing.

## Psychoactive Drugs

There is a rule in American jurisprudence (called the "automatic bar rule") which prohibits the return for trial of defendants under the influence of psychoactive drugs.

Bruce J. Winick, Associate Professor of Law at the University of Miami (Coral Gables), argues that the "rule is not in the interest of the defendant nor the state."

Professor Winick writes in THE AMERICAN BAR FOUNDATION RESEARCH JOURNAL to explain that the proper use of drugs will often be effective in returning a defendant, previously having been found to be incompetent to stand trial, to a state of competence to stand trial and that this state

may be continued.

Courts tend to view a defendant, after treatment with psychoactive drugs, as being in a condition of "chemical sanity" and rule that this does not warrant trial.

The automatic bar rule has tended to produce a cycle of mental incompetence to stand trial, hospitalization, treatment by antipsychotic drugs until improved, cessation of drugs, return to court, and a new finding of incompetence, and so on without limit.

Winick points out that psychotropic drugs constitute the most common treatment in mental hospitals. These drugs also account for 25 percent of all prescriptions in the U.S. And—one in five adults in the U.S. uses such drugs. In the case of antianxiety drugs Winick writes "it can be assumed that many defendants (as well as many judges, prosecutors, and defense attorneys) will be using such drugs during trial."

The legal problem is whether such drugs that maintain mental competence produce side effects that materially impair the defendant's ability to understand and participate in legal proceedings. Winick thinks they do not. He finds that judges have mistakenly associated these drugs with such entities as barbiturates which do impair intellectual functioning.

Psychotropic drugs do not impair intellectual functioning, and in fact are less debilitating than many drugs taken by defendants allowed to stand trial, such as methadone. Patients who are on regularly administered drugs such as insulin for diabetes are allowed to stand trial.

In view of the above Professor Winick feels that the automatic bar rule can be challenged on constitutional grounds such as equal protection, due process, right to a speedy trial and cruel and unusual punishment.

Hospital and detention facilities practices, he thinks, should undergo review and revision. "The criminal justice system can and should be adapted to benefit from advances in modern psychiatry."

CONTINUED ON PAGE 15



## Vertigo spoils the view.

**Most Widely Prescribed**—Antivert is the most widely prescribed agent for the management of vertigo\* associated with diseases affecting the vestibular system such as Menière's disease, labyrinthitis, and vestibular neuronitis.

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**Usage for Vertigo\***—The usual adult dosage for Antivert/25 is one tablet t.i.d.

### SUMMARY OF PRESCRIBING INFORMATION

**INDICATIONS.** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

**Effective:** Management of nausea and vomiting and dizziness associated with motion sickness.

**Possibly Effective:** Management of vertigo associated with diseases affecting the vestibular system.

Official classification of the less than effective indications requires further investigation.

**CONTRAINDICATIONS.** Administration of Antivert (meclizine HCl) during pregnancy or to women who may become pregnant is contraindicated in view of the teratogenic effect of the drug in rats.

The administration of meclizine to pregnant rats during the 12-15 day of gestation has produced cleft palate in the offspring. Limited studies using doses of over 100 mg/kg/day in rabbits and 10 mg/kg/day in pigs and monkeys did not show cleft palate. Congeners of meclizine have caused cleft palate in species other than the rat.

Meclizine HCl is contraindicated in individuals who have shown a previous hypersensitivity to it.

**WARNINGS.** Since drowsiness may, on occasion, occur with use of this drug, patients should be warned of this possibility and cautioned against driving a car or operating dangerous machinery.


**Usage in Children.** Clinical studies establishing safety and effectiveness in children have not been done; therefore, usage is not recommended in the pediatric age group.

**Usage in Pregnancy.** See "Contraindications."

**ADVERSE REACTIONS.** Drowsiness, dry mouth and, on rare occasions, blurred vision have been reported.

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**Indications:** Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported, should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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## MAKES SENSE

Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

### Warning

This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

**Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

**Contraindications:** Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

**Warnings:** Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K<sup>+</sup> levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K<sup>+</sup> intake. Associated widened QRS complex or arrhythmia requires prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

**Precautions:** Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids).

Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K<sup>+</sup> frequently; both can cause K<sup>+</sup> retention and elevated serum K<sup>+</sup>. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis.

'Dyazide' interferes with fluorescent measurement of quinidine.

### Adverse Reactions:

Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions;

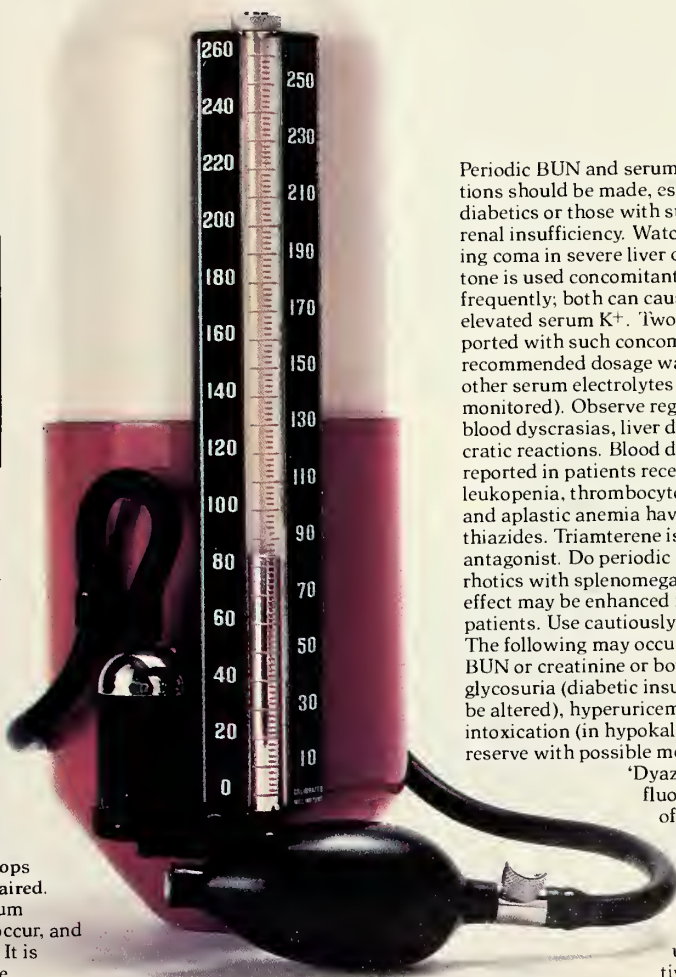
nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

**Supplied:** Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

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# MONTH IN WASHINGTON

WITH the exception of a few high-priority items, Congress has finished its business for this year. Still to be completed this session are boosts in Social Security taxes, the Administration's energy bill, and the Health, Education and Welfare Department appropriation bill. A few other measures might make it through during the bobtailed, every-three-days work schedule. Most hearings are over. Most Congressmen have gone home.

Among the health measures definitely put off until next year are the Administration's disputed hospital cost containment plan, the clinical laboratories bill extending federal authority, and a revision of the Nation's drug laws.

One of the final bills approved by the lawmakers during their regular session was a 18-month postponement of the proposed ban on saccharin by the Food and Drug Administration. Under the legislation, saccharin products must bear labels warning that the product has caused cancer in test animals.

Another last-minute approval was for a one-year extension of the special pay provisions for Veterans Administration physicians.

The conference report on legislation to help rural health clinics by allowing Medicare and Medicaid reimbursement for physician extender services was hung up for most of the month, but finally approved by both Houses—thus clearing it for the President's signature.

In a somewhat unexpected action, House and Senate conferees reached last-minute agreement on the controversial medical school capitation *quid pro quo* for admission of foreign-trained U.S. students. The compromise will repeal that condition after one year, but requires a 5% increase in third-year enrollment in the meantime.

The impasse between House and Senate over language dealing with Medicaid abortion funding has dragged on for months. There was no resolution by the end of the regular session, forcing Congress to approve a temporary funding resolution to keep the HEW and Labor Departments going. The House wants to forbid use of Medicaid funds for abortions unless necessary to save the mother's life. The Senate wants broader language allowing abortions, for example, where "severe and long-lasting physical health damage" to the mother would result and for victims of rape and incest. An emotion-laden, bitter controversy pitting the right-to-life forces against the pro-abortion forces has enveloped the House and Senate for months.

The major reason for the odd recess arrangement is the lengthy hassle over President Carter's sweeping energy program.

Unlike an election year when a new Congress convenes, the second session of the same Congress merely takes up where it left off. There is no need to reintroduce bills and start all over again.

The American Medical Association, the American Hospital Association, and the Federation of American Hospitals have accepted an unusual challenge from Congress and agreed to develop a voluntary hospital and health care cost containment program.

The challenge was posed by Rep. Dan Rostenkowski (D-Ill.), Chairman of the House Ways and Means Subcommittee on Health. In a House speech, the lawmaker conceded that Congress would not be able to resume deliberations on the Administration's controversial cost containment proposal until next February.

During this brief grace period, he said, the three major provider organizations should take the initiative "and effectively and significantly restrain cost increases on a voluntary basis."

Government intervention and the imposition of controls "should be a last resort," asserted Rostenkowski, raising the possibility that the Administration's plan for a nine percent "CAP" on hospital revenue increases might be in deep trouble if the private sector satisfies the lawmakers in the interim.

James H. Sammons, M.D., executive vice president of the AMA; President John Alexander McMahon of the AHA; and Director Michael Bromberg of the FAH made the following joint statement:

"Our three organizations, at the instruction of our respective officers, are beginning now to organize a national steering committee of hospital people, doctors, insurers, consumers and others with a major stake in hospital cost containment. We will ask this committee, which we expect to have its first meeting within the next several weeks, to develop the goals and mechanisms, first, of a voluntary program to reduce the rate of increase in hospital costs, and, second, of a voluntary program to reduce the rate of increase in health care costs as a whole. We will also encourage the development of similar steering committees at the state level to help implement these programs."

Later it was announced that the national steering committee was to meet in December to draft guidelines to restrain hospital cost increases.

"The primary enforcing power in the program will be public accountability," said Director Michael Bromberg of the FAH. The AMA and the AHA have launched a voluntary program in hopes of averting a federal "CAP" on hospital revenues. Bromberg told the Washington Business Group on

CONTINUED ON PAGE 17



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## Editorial Notes . . .

Head lice are on the increase. A recent survey of the problem is probably the first national study ever made. It produced some unexpected results. Female cases outnumber males almost 2 to 1 and cases among whites outnumber blacks more than 20 to 1. The survey substantiated some old-time beliefs which had never been proven before. Head lice are no respecters of age, economic class or hair style—anyone can get them.

The Veterans Administration has an instructional film which deals with the social discomforts of the paraplegic patient. Titled "Social Skills for the Spinal Cord Injured Patient," it is used to help spinal cord injury patients cope with social realities. Dr. Michael Dunn, a VA psychologist, himself a wheelchair patient, and his staff produced the film. It can be ordered for use by writing National Audio Visual Center, Washington, D.C. 20409.

## EDITORIALS

**Microscopically small particles of uniform size may be obtained for medical research purposes.** More than 100 different kinds and sizes of particles are offered by industry. The range in diameters is from .05 to 500 microns. Materials run from polystyrene, glass, asbestos and silica to iron oxide, kaolin and stainless steel. The particles are called beads. They are guaranteed to be uniform in size and come in 5 ml vials with the number of beads guaranteed, according to size of particle, from 10 to the eleventh power up to  $5 \times 10$  to the seventh power.

Some prostaglandins have been found to be more effective in oral dosage if physically associated with an appropriate polymer molecule.

Upjohn research shows that a number of the E prostaglandins demonstrated dramatic improvement in their dissolution rate when their esters were co-precipitated with polyvinylpyrrolidone and polyethylene glycol or with water-insoluble cross-linked PVP.

**The VA has new plans for construction of facilities for domiciliary care for aging veterans. Many of the 9,000 in domiciliaries are veterans of WWI.** They are those who are unable to care for themselves but do not require hospitalization or nursing home care. Barracks-like buildings have been the rule. Now new modular structures will be built around service and support facilities in four 50-bed units. Each unit will be built with electrical and plumbing system which will convert into nursing home units at minimum cost. Such construction will provide for privacy and a type of training to enable the veteran to return to community living if at all possible.

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# The Royal College of Surgeons of England

MALCOLM B. HERRING, M.D.  
Indianapolis

In the September 1977 issue of the *Annals of the Royal College of Surgeons of England*, there appeared a number of interesting clinical articles.

S. Taylor reviewed the problem of medullary thyroid carcinoma. The name is derived from the histologic appearance of a solid cellular mass. The tumor contains and elaborates calcitonin. A familial association with pheochromocytoma and parathyroid lesions has been labelled multiple endocrine adenomatosis type two, (MEA 2).

In screening a number of patients for this disease, calcitonin stimulating tests have been devised. Calcitonin may be stimulated by the intravenous administration of calcium and pentagastrin, or the oral administration of whiskey. MEA 2b is an alternate syndrome which occurs more often sporadically and includes a Marfan-like habitus. These tumors are often bilateral and extend into the mediastinum. Total thyroidectomy is advocated. Diarrhea may be an intractable problem in some of these patients. Nutmeg, four to six teaspoons a day, controls this diarrhea and also controls serum calcium levels in certain patients. Interestingly, these doses of nutmeg would result in toxic symptoms in a normal patient.

F. J. Prendergast, J. K. McGeachie, R. H. Edis and D. Allbrook write on the whole muscle

reimplantation with micro-neurovascular anastomoses. This laboratory study involved removing the anterior tibial muscle of dogs and reimplanting it. The dog's anterior tibial muscle was removed and suspended between ligatures. Heparin, one milligram per kilogram was administered. Three to four neurovascular hila per muscle were dissected free. The nerves measured approximately 0.5 mm. The nerves were reapproximated using an end-to-end suture technique, and anastomoses were performed with ten-0 nylon suture. Subsequent cystologic fiber studies, including electron microscopy, revealed little deterioration of the fibers. Near normal action potentials were achieved with EMG and within three months of implantation while grossly a small amount of atrophy was seen in the muscle group. This study shows the potential for autotransplantation of whole muscle bundles in patients who have been deprived of muscle function due to injury or disease.

G. W. Johnston described a new treatment for bleeding varices by esophageal transection with the SPTU gun. The SPTU stapling gun is a device originally applied to low anterior resection and colo-rectal anastomosis. It finds a new application in the treatment of esophageal varices which are bleeding. The technique involves an abdominal approach. The esophagus is held in a sling and mobilized for approximately five centimeters. The **vagi are retracted away** from the esophagus. A three-centimeter incision is placed approximately six centimeters below the cardia on the anterior surface of the stomach. The SPTU gun is inserted. A heavy linen thread is tied between the head and body of the stapling gun.

This invaginates a cuff of esophagus into the stapling area. The staples are deployed, forming a resection and anastomosis of the distal esophagus. The gastrotomy is then closed.

In each case the paraesophageal collateral veins, including the left gastric vein, were ligated. Nasogastric aspiration was discontinued on the fifth postoperative day. Twelve patients were treated in this fashion. Four were Child's class A, two class B, and six were in class C. There was one hospital mortality and four postoperative strictures which required regular dilations. In no case was recurrent bleeding reported. However, the follow-up intervals were not stated.

J. C. Sali described carcinoma of the bowel in Uganda. He reports only 41 cases in the last seven years of his practice. The patients were largely in the older age groups, most of them exceeding 45 years old. No dietary differences could be detected. Mr. Sali noted proportionately fewer patients were in the older age categories in the Ugandan population, and felt that this was the reason for the low incidence of carcinoma of the colon in this population. ◀

## WASHINGTON . . .

CONTINUED FROM PAGE 13

Health that hospitals "that fail to meet the screening criteria will be listed periodically. The review and findings of industry committees at the state level, as to the justification for each hospital's exceeding the screen, will be made public."

Bromberg said the anticipated publicity attendant on any hospital which fails to stay within the screen and the public exposure of the reasons why is expected to provide a substantial incentive to a hospital to restrain its charge increases.

The FAH leader emphasized his belief in the private sector's ability to devise a workable alternative to an "arbitrary CAP" and to engage in voluntary enforcement of such a plan.

"If we fail," he said, "then government will take even more control of the health system. If we don't bite the bullet, government will assume management responsibilities from health providers, insurers and industry. The result will be more inflation and less quality."

**Rep. Tim Lee Carter, M.D., (R-Ky.)** has introduced legislation sought by the AMA dealing with funding for residencies in preventive medicine and labelling of prescription drug containers.

The labelling bill would require that drug containers as dispensed to patients carry the established or trade name together with the quantity and strength of the drug. The AMA said that in cases of medical emergency it is often important for attending medical personnel to know the name, strength and contents of any drugs a patient is taking.

Under the bill introduced by Dr. Carter, ranking GOP member of the House Commerce Subcommittee on Health, an exception to the labelling is provided when the physician decides that for medical or emotional reasons it is in the best interest of the patient that the information not be made known to him or indirectly to the patient's family or associates.

The other bill introduced by Rep. Carter calls for an amendment to the Health Manpower Law to provide funding for residencies in preventive medicine. Specific program funding for such residencies was not included in the Health Manpower Law as passed.

The AMA said these residency programs are very dependent on outside funding because they generate little patient income to support their activities. The increased focus on preventive medical care makes it important that these residency programs continue, according to the AMA. The bill would provide federal funds for approved residency programs in preventive medicine and would also provide traineeships for those physicians participating.

**The AMA has recommended** that the Administration propose increased funding for programs emphasizing preventive health care and promote cost effective delivery of services.

More federal funds were sought for venereal disease control, migrant and Indian health care, family planning and immunization programs for diseases such as polio and measles, prevention and treatment of mental disorders and alcoholism.

In a letter to the White House Office of Management and Budget, the AMA asked that its recommendations be incorporated into President Carter's fiscal 1979 budget slated to be sent to Congress early in 1978.

Largest recommended increase was \$250 million for National Institutes of Health disease and injury research and treatment programs. The AMA also asked increases for services

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# MODERN SYSTEMS INTERNATIONAL

to older Americans, for prevention and treatment of mental disorders, for health services to mothers and children, for health care for Indians, and for alcoholism.

**There are no big differences** between generic and brand drugs according to the Commissioner of the Food and Drug Administration, Donald Kennedy, PhD. Dr. Kennedy told the Senate Monopoly Subcommittee that some of the larger pharmaceutical houses frequently buy products from smaller generic producers and sell them under the larger firm's brand name.

"Drug marketing follows many patterns," Dr. Kennedy said. "A formulator may make a product, and sell it only under his own label; he may also have a trade name and a generic line selling it both ways. He may also sell this product to other drug firms; or have them make the product for him. So a formulator may also be a repacker, or an own-label distributor at different times under different circumstances. To give an idea of the number of firms producing drugs, ampicillin, a widely used antibiotic, available under 224 product labels, is produced by only 24 formulators; 219 conjugated estrogen products are produced by 45 manufacturers."

Dr. Kennedy said that drug firms frequently lease the

facilities of different firms for the manufacture of various products which may still be marketed under a brand name.

The Commissioner told Senator Gaylord Nelson (D-Wis.), that evidence from the FDA's 250,000 annual drug inspections shows that "only a small percentage of drugs are not in compliance with compendial or application specifications . . . we also find no evidence of widespread differences between the products of large and small firms or between brand name and generic products."

**The Carter Administration's new-found love affair** with health maintenance organizations (HMOs), an old flame of the Nixon Administration, is flourishing.

HEW Secretary Joseph Califano is inviting 500 large corporation representatives to Washington, D.C., Feb. 7 to make a pitch for their establishment of HMOs for their employees to replace fee-for-service, regular health insurance plans.

He made the announcement at a ceremony in New York City certifying the huge, 3.25 million-member Kaiser-Permanente prepaid health plan as an HMO. As a result, Kaiser becomes eligible for certain federal loans and loan guarantees and has an easier job dealing with Medicare and Medicaid contracts with the government.

In addition to meeting with corporations, Califano is expected to sit down with labor leaders to urge them to push HMOs in conjunction with the management effort.

In the drive to promote establishment of the prepaid plans, Califano said HEW has cut qualification time for new HMOs by almost 40 percent by assigning extra staff and streamlining the paper work.

**Total national health expenditures** including government contributions, were 20% greater per capita for the more affluent than for the poor, and almost 60% greater for whites than for racial minorities, a government report says.

Per capita health care expenditures averaged \$258 for a white individual, \$162 for a minority, \$265 for a person above the poverty line, and \$213 for a poor person, according to a HEW study.

The report also shows higher mortality rates in large city poverty areas among minorities than among whites, and higher levels of disability among the poor.

Racial minorities, which comprise more than 40% of the Nation's poor, the report said, suffer five times the tuberculosis mortality rate than white Americans do, 3½ times the maternal, and a 42% greater overall mortality rate.

The data also show the impact of Medicare and Medicaid: The number of physician visits increased more for the poor and minorities than for others between 1964 and 1973. By 1973 the poor had more doctor visits than the nonpoor. Poor whites averaged 5.7 visits per person per year (4.7 in 1964), while poor minorities averaged 5.0 (3.1 in 1964). Nonpoor whites averaged 5.0 visits in 1973 (4.7 in 1964), and nonpoor minorities 4.3 (3.6 in 1964).

**The FDA Commissioner has stung health food advocates** in an interview in "U.S. News & World Report." In reply to a question if health foods due to the absence of food additives are safer than regular supermarket products, Donald Kennedy, PhD., replied:

"There's not a wit of logic in that. Even if you assume that food additives are generally bad for you, it doesn't follow that their absence somehow confers safety.

"Aflatoxin, a mold product that grows on corn and peanuts, is as natural as can be and about the worst carcinogen we know," the Commissioner said.

"The 'natural' foods often cost more, but have no benefit that we can see over foods available in the regular market place."

## *Collapse of a Lung*

# There's a Word for It

RICHARD J. NOVEROSKE, M.D.

Evansville

We were once taught to use the term "atelectasis" for loss of volume of a lung or airlessness of a lung.

But for some years now we have seen more use of the shorter term "collapse" for loss of volume or air in a lung.

"Collapse" is short—only two syllables, compared to the five syllables of "atelectasis." And the meaning seems clearer with collapse—there has been loss of volume.

"Atelectasis" means that the "end" is "not outstanding" or "extended." But central portions of a lung or the whole lung can lose volume or air, not just the end.

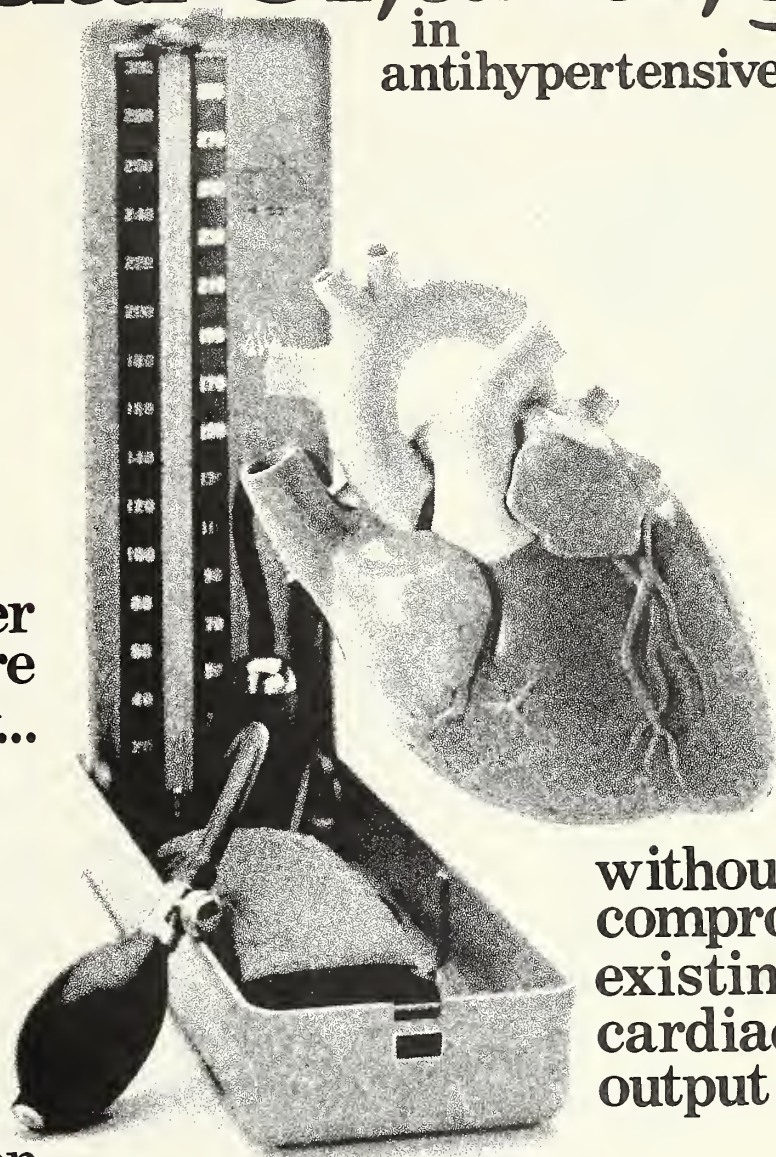
Some physicians think of pneumothorax when they read the word "collapse" in an x-ray report or textbook. This is unfortunate. It only muddies the water. "Collapse" and "pneumothorax" are different entities. They can coexist, but often they do not. Many patients have segmental collapse in their lung bases postoperatively, with no pneumothorax or free air in their pleural cavities. Of course with massive pneumothorax there is also collapse of all or almost all of a lung—but two entities are present—the pneumothorax and the lung collapse. The confusion of collapse with pneumothorax by some should not deter us from using this helpful term.

I like "collapse." But what do you think?

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effectively...



without  
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cardiac  
output

in hypertension

TABLETS: 250 mg, 500 mg, and 125 mg

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usually with no direct effect on  
cardiac function—cardiac output  
is usually maintained

ALDOMET is contraindicated in active hepatic disease, hypersensitivity to the drug, and if previous methyldopa therapy has been associated with liver disorders. It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. For more details see the brief summary of prescribing information.

For a brief summary of prescribing information, please see following page.

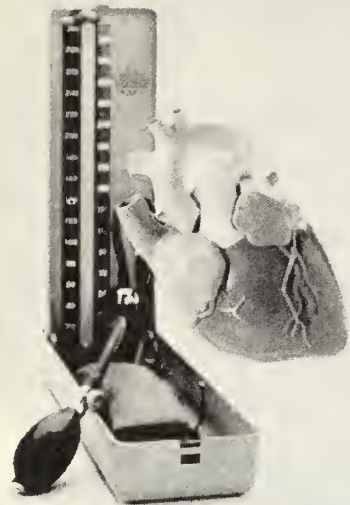
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in hypertension

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(METHYLDOPA|MSD)

helps lower  
blood pressure  
effectively...  
usually with no  
direct effect on  
cardiac function—  
cardiac output is  
usually maintained



**Contraindications:** Active hepatic disease, such as acute hepatitis and active cirrhosis; if previous methyldopa therapy has been associated with liver disorders (see Warnings); hypersensitivity.

**Warnings:** It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. Read this section carefully to understand these reactions.

With prolonged methyldopa therapy, 10% to 20% of patients develop a positive direct Coombs test, usually between 6 and 12 months of therapy. Lowest incidence is at daily dosage of 1 g or less. This on rare occasions may be associated with hemolytic anemia, which could lead to potentially fatal complications. One cannot predict which patients with a positive direct Coombs test may develop hemolytic anemia. Prior existence or development of a positive direct Coombs test is not in itself a contraindication to use of methyldopa. If a positive Coombs test develops during methyldopa therapy, determine whether hemolytic anemia exists and whether the positive Coombs test may be a problem. For example, in addition to a positive direct Coombs test there is less often a positive indirect Coombs test which may interfere with cross matching of blood.

At the start of methyldopa therapy, it is desirable to do a blood count (hematocrit, hemoglobin, or red cell count) for a baseline or to establish whether there is anemia. Periodic blood counts should be done during therapy to detect hemolytic anemia. It may be useful to do a direct Coombs test before therapy and at 6 and 12 months after the start of therapy. If Coombs-positive hemolytic anemia occurs, the cause may be methyldopa and the drug should be discontinued. Usually the anemia remits promptly. If not, corticosteroids may be given and other causes of anemia should be considered. If the hemolytic anemia is related to methyldopa, the drug should not be reinstituted. When methyldopa causes Coombs positivity alone or with hemolytic anemia, the red cell is usually coated with gamma globulin of the IgG (gamma G) class only. The positive Coombs test may not revert to normal until weeks to months after methyldopa is stopped.

Should the need for transfusion arise in a patient receiving methyldopa, both a direct and an indirect Coombs test should be performed on his blood. In the absence of hemolytic anemia, usually only the direct Coombs test will be positive. A positive direct Coombs test alone will not interfere with typing or cross matching. If the indirect Coombs test is also positive,

problems may arise in the major cross match and the assistance of a hematologist or transfusion expert will be needed.

Fever has occurred within first 3 weeks of therapy, occasionally with eosinophilia or abnormalities in liver function tests, such as serum alkaline phosphatase, serum transaminases (SGOT, SGPT), bilirubin, cephalin cholesterol flocculation, prothrombin time, and bromsulphalein retention. Jaundice, with or without fever, may occur, with onset usually in the first 2 to 3 months of therapy. In some patients the findings are consistent with those of cholestasis. Rarely fatal hepatic necrosis has been reported. These hepatic changes may represent hypersensitivity reactions; periodic determination of hepatic function should be done particularly during the first 6 to 12 weeks of therapy or whenever an unexplained fever occurs. If fever and abnormalities in liver function tests or jaundice appear, stop therapy with methyldopa. If caused by methyldopa, the temperature and abnormalities in liver function characteristically have reverted to normal when the drug was discontinued. Methyldopa should not be reinstituted in such patients.

Rarely, a reversible reduction of the white blood cell count with primary effect on granulocytes has been seen. Reversible thrombocytopenia has occurred rarely. When used with other antihypertensive drugs, potentiation of antihypertensive effect may occur. Patients should be followed carefully to detect side reactions or unusual manifestations of drug idiosyncrasy. **Pregnancy and Nursing:** Use of any drug in women who are or may become pregnant or intend to nurse requires that anticipated benefits be weighed against possible risks; possibility of fetal injury or injury to a nursing infant cannot be excluded. Methyldopa crosses the placental barrier, appears in cord blood, and appears in breast milk.

**Precautions:** Should be used with caution in patients with history of previous liver disease or dysfunction (see Warnings). May interfere with measurement of urinary uric acid by the phosphotungstate method, serum creatinine by the alkaline picrate method, and SGOT by colorimetric methods. Since methyldopa causes fluorescence in urine samples at the same wavelengths as catecholamines, falsely high levels of urinary catecholamines may be reported. This will interfere with the diagnosis of pheochromocytoma. It is important to recognize this phenomenon before a patient with a possible pheochromocytoma is subjected to surgery. Methyldopa is not recommended for patients with pheochromocytoma. Urine exposed to air after voiding may darken because of breakdown of methyldopa or its metabolites.

Stop drug if involuntary choreoathetotic movements occur in patients with severe bilateral cerebrovascular

disease. Patients may require reduced doses of anesthetics; hypotension occurring during anesthesia usually can be controlled with vasopressors. Hypertension has recurred after dialysis in patients on methyldopa because the drug is removed by this procedure.

**Adverse Reactions:** *Central nervous system:* Sedation, headache, asthenia or weakness, usually early and transient; dizziness, lightheadedness, symptoms of cerebrovascular insufficiency, paresthesias, parkinsonism, Bell's palsy, decreased mental acuity, involuntary choreoathetotic movements; psychic disturbances, including nightmares and reversible mild psychoses or depression.

*Cardiovascular:* Bradycardia, aggravation of angina pectoris. Orthostatic hypotension (decrease daily dosage). Edema (and weight gain) usually relieved by use of a diuretic. (Discontinue methyldopa if edema progresses or signs of heart failure appear.)

*Gastrointestinal:* Nausea, vomiting, distention, constipation, flatus, diarrhea, mild dryness of mouth, sore or "black" tongue, pancreatitis, sialadenitis.

*Hepatic:* Abnormal liver function tests, jaundice, liver disorders.

*Hematologic:* Positive Coombs test, hemolytic anemia. Leukopenia, granulocytopenia, thrombocytopenia. Positive tests for antinuclear antibody, LE cells, and rheumatoid factor.

*Allergic:* Drug-related fever, lupus-like syndrome, myocarditis.

*Other:* Nasal stuffiness, rise in BUN, breast enlargement, gynecomastia, lactation, impotence, decreased libido, dermatologic reactions including eczema and lichenoid eruptions, mild arthralgia, myalgia.

**Note:** Initial adult dosage should be limited to 500 mg daily when given with antihypertensives other than thiazides. Tolerance may occur, usually between second and third months of therapy; increased dosage or adding a diuretic frequently restores effective control. Patients with impaired renal function may respond to smaller doses. Syncope in older patients may be related to increased sensitivity and advanced arteriosclerotic vascular disease; this may be avoided by lower doses.

**How Supplied:** Tablets, containing 125 mg methyldopa each, in bottles of 100; Tablets, containing 250 mg methyldopa each, in single-unit packages of 100 and bottles of 100 and 1000; Tablets, containing 500 mg methyldopa each, in single-unit packages of 100 and bottles of 100 and 500.

For more detailed information, consult your MSD representative or see full prescribing information. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486

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# Teratogenicity of Rubella Vaccine Virus and Potential Civil Liability of the Physician

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To gain a full perspective of this potential malpractice problem, it is necessary to consider the diseases involved: maternal rubella and congenital rubella.

## MATERNAL RUBELLA AND CONGENITAL RUBELLA

Rubella generally manifests itself by a rash lasting one to five days.<sup>4</sup> Other clinical signs which may be present are arthralgia, arthritis, posterior cervical lymphadenopathy and fever.<sup>5</sup> However, subclinical infections are not uncommon<sup>6</sup> and in some cases the disease may even be inapparent.<sup>7</sup>

Despite the earlier belief that the placenta formed a good protective barrier against most environmental influences affecting the mother,<sup>8</sup> studies by investigators such as Monif et. al. have conclusively established that the virus of maternal rubella can cross the placenta and cause a chronic, generalized, congenital rubella which is quite unlike the mild rapidly terminated infection in the mother.<sup>9</sup> If it does cross the placenta, the virus is capable of reaching any fetal organ where, because of its protected intracellular location, it may persist until after delivery despite the development of maternal and fetal antibodies.<sup>10</sup>

The devastating effect of this virus on any fetal tissue which harbors it is well recognized today.<sup>11</sup> A current listing of congenital rubella defects goes far beyond Gregg's classic triad of deafness, eye defects, and heart disease<sup>12</sup> to include, among other things, microcephaly, hepatosplenomegaly, thrombocytopenia, interstitial pneumonitis, encephalitis, chronic rash, autism, hyperactivity and mental retardation.<sup>13</sup>

While the risk to the fetus is not limited to early pregnancy, it is now recognized that rubella produces its effects most often and in severest forms upon the fetus when it is contracted by the mother during the early stages of fetal development, that is, during the first trimester and especially during the first month.<sup>14</sup> According to Hardy:

It is during the early critical periods of organogenesis, that the primordial cells, which are relatively few in number, are most susceptible to unfavorable environmental influences. The results may be a deviation from normal patterns of development with consequent malformation. In general, the earlier the interference with normal patterns of growth, the more numerous and severe are the resultant defects. Conversely, the later the interference, the more limited are the variety and type of defects encountered, as fewer organ systems will be affected during their primordial phases of rapid cellular proliferation.<sup>15</sup>

Shortly after the licensing of the rubella vaccine in 1969, immunization programs were launched on a massive scale. During the first five years of the vaccine's use, more than 50 million doses were distributed in the United States alone.<sup>1</sup> The vaccines used have been shown to produce an antibody response in over 95% of susceptible women.<sup>2</sup>

This large-scale vaccination effort linked with this high antibody response has been remarkably effective in providing high levels of immunity in a short period of time.<sup>3</sup> However, while achieving and maintaining these impressive levels of immunity, physicians may, at the same time, be subjecting themselves to grave civil liabilities.

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## TERATOGENICITY OF RUBELLA VACCINE VIRUS

The civil liability that lurks behind the use of rubella vaccine stems from the fact that there is now strong evidence that the vaccine has been teratogenic in its effect.

Soon after the rubella virus was isolated in 1962, efforts were directed toward producing a vaccine. It soon became evident that killed vaccine preparations have low antigenicity and are therefore not satisfactory for immunization programs.<sup>16</sup> The work, therefore, was channeled to obtaining a live attenuated virus vaccine that would have sufficient attenuation to permit administration to women of child-bearing age with no risk to a present or future fetus.<sup>17</sup>

Upon the first vaccine's being licensed in 1969, researchers knowing full well that the wild virus of natural rubella caused serious and varied malformations in the fetus, immediately undertook the investigation of what effect, if any, the vaccination of a pregnant woman would have on her fetus. As a result of this research, it is now known that the amount of virus in the blood following vaccination is very limited compared with that in cases of natural rubella<sup>18</sup> and that the viremia caused by the vaccine is rarely detectable in practice.<sup>19</sup>

This suggested that fetal infection following vaccination of a non-immune pregnant woman would be less likely to occur than fetal infection following natural rubella.<sup>20</sup> Yet the question remained: could the vaccine virus actually infect the fetus and, if so, would it have a teratogenic effect?

The finding that only about 15% of postpubertal women are serologically negative and that only they would be at risk for viremia and possible transplacental infection following vaccination would seem

to narrow the focus of concern to this small percentage.<sup>21</sup> In fact, however, investigative work has not been lessened significantly by this discovery since once a pregnant woman has been vaccinated her pre-vaccination immune status is, of course, impossible to determine. (Fleet et. al.'s questioning of the belief that only seronegative women are at risk will be presented *infra*.)

Despite the difficulty of having to work with many more subjects than could possibly yield results,<sup>22</sup> significant findings have been made. Rubella vaccine-like virus has been isolated from abortus specimens of decidua and placenta in cases of accidental vaccination during unrecognized early pregnancy and from studies of purposeful inoculation prior to voluntary interruption of pregnancy.<sup>23</sup> Also, a rubella virus has been recovered from the femoral bone marrow of a fetus aborted 94 days after the mother was vaccinated, but this virus was not shown to be vaccine-like.<sup>24</sup> Vaheri, though, did find a vaccine strain of rubella virus in the kidney of a fetus.<sup>25</sup>

However, because the time intervals between vaccination and abortion in that research were of necessity short, Vaheri concluded that such isolations of virus, while showing that placental and fetal infection is possible during early maternal viremia, gave no indication of the likelihood of persisting fetal infection and fetal damage. Wyll, no doubt recognizing the problem of pre-vaccination seropositive subjects, undertook the study of a large number of women on this question of teratogenicity. Although he found no direct evidence of such, he concluded that the striking similarities between the infectious path of rubella vaccine-like virus and that of wild rubella virus strongly suggests that rubella vaccine-like vi-

rus poses a definite hazard to the fetus.<sup>26</sup> Bolognese, in his December 1973 report, agreed:

Although the frequency of teratogenicity in the fetus resulting from wild virus infection is well documented, the risk associated with maternal infection secondary to attenuated strains remains ill defined. There are no reported human malformations due to vaccine viruses yet, but the theoretical possibility of teratogenicity exists.<sup>27</sup>

Then in February 1974, Fleet et. al. affected a breakthrough when they reported on their work at Vanderbilt University in which the products of conception of 19 women were studied.<sup>28</sup> One fetus of 13 weeks gestation yielded remarkable information. The mother was seronegative and had been immunized seven weeks before conception. Vaccine-like rubella virus was recovered from one fetal eye, but it was in the other eye that a truly important discovery was made. Concerning that eye, Fleet reported:

The histologic appearance of the eye of fetus 12 was markedly abnormal. Cytoplasmic vacuolation, persistence of nuclei in lens fiber cells, and necrosis of the pigment epithelium of the ciliary body were found. These changes are virtually identical to the changes previously described both in fetuses obtained from mothers with early gestational rubella and in infants with proven rubella cataracts. In addition the changes observed in this fetal eye meet all the criteria for rubella eye infection. Electron microscopic examination of the eye showed virus-like structures in abnormal lens fiber cells. The rubella virus strain isolated from the other fetal eye produced particles in tissue culture similar in size and morphologic features to those particles observed in the pathological eye, and these particles were similar in morphologic features and size to a known strain of rubella virus (M-33) examined under the same conditions.<sup>29</sup>

Fleet then concluded cautiously (perhaps over-cautiously):

The findings of histologic abnormalities resembling congenital rubella, the presence of virus-like particles in one eye,

and the isolation of vaccine-like rubella virus from the other eye strongly suggest that this rubella vaccine strain can infect the fetus and may be teratogenic when given to susceptible women in early pregnancy.<sup>30</sup>

In April 1976, Modlin et. al. reported that rubella vaccine virus had been isolated from fetal eye in two cases and from fetal kidney in another.<sup>31</sup> Therefore while it may be true, as Siegel suggests, that evidence of the teratogenic nature of rubella vaccine will be conclusive only if found in the *newborn infants* of susceptible mothers vaccinated in pregnancy,<sup>32</sup> there is, nonetheless, at this time very good reason to suspect that the rubella vaccine virus can cause the characteristic defects associated with the wild virus<sup>33</sup> and the physician should only assume that it will.<sup>34</sup>

## THE IMPORTANCE OF HAI

With the onset of the rash of a rubella infection, rubella hemagglutination-inhibiting antibodies develop, reach a peak 9-14 days later, persist thereafter at high levels and provide with rare exceptions lifelong immunity.<sup>35</sup> Along with the development of a rubella vaccine, a test for these antibodies has become a reality. This test, known as HAI or hemagglutination inhibition test, demonstrates the presence of antibody in the patient's serum by the inhibition of agglutination of erythrocytes of day-old chicks or pigeons by rubella virus.<sup>36</sup> It is rapid, sensitive, specific, and reproducible<sup>37</sup> and presence of antibodies in a 1:10 dilution or greater indicates immunity.<sup>38</sup>

If the natural immunity is present, generally it is considered to be protective and persistent and the patient will not need immunization nor, for that matter, future HAI testing.<sup>39</sup> However, regarding this natural immunity, two studies may be of significance.

Boue has reported three cases of reinfection in pregnancy with no fetal involvement,<sup>40</sup> and recently Fleet et. al., citing Eilard and Stranegard's report of an instance of reinfection in pregnancy with congenital malformations, suggested that "this single case may require an adjustment of concepts of fetal risk in women with HI antibody."<sup>41</sup>

Nonetheless, the importance of serologic screening prior to the vaccination of women of childbearing age is stressed by the federal government. The U.S. Public Health Service recommendations endorse and encourage vaccination of postpubertal women, but only on the conditions that: the patient first be shown by serologic testing to be susceptible to rubella; and the physician be assured that the vaccinee is not pregnant and will not become so for the two months after immunization.<sup>42</sup>

Modlin et.al., in their April 1976 report, also emphasized that vaccination of postpubertal women should be accomplished only in those proved to be seronegative by previous hemagglutination-inhibition testing and where pregnancy has been both excluded and warned against,<sup>43</sup> and other researchers have called for similar precautions.<sup>44</sup>

Despite these warnings raised by the federal government and the medical research community, and despite the fact that the HAI procedure is inexpensive, accurate, and easy to perform, serologic testing often is not done on postpubertal women prior to vaccination.<sup>45</sup> For example, Modlin et. al. state that of 343 women studied, HAI testing was done on only 70 (20%) before vaccination.<sup>46</sup>

## EXISTING LAW AND POTENTIAL CIVIL LIABILITY

Recovery for prenatal injury, though a fairly new development in the law of torts, is now well established in most American jurisdictions.<sup>47</sup> The rationale for allowing such a cause of action was ably expressed by the Supreme Court of New Jersey in the 1960 case of *Smith vs Brennan*.<sup>48</sup>

The Court stated that an essential element of the claim is that there be a disruption of the development process by an act of the defendant which results in an impairment to what otherwise would have been a normal healthy child. There are, however, no reported lawsuits involving actual or alleged injuries to a fetus resulting from rubella immunization of its mother. This is not surprising since most of the medical research bearing directly on this point has been reported only within the past five years, and the Fleet study which provided the first major evidence of the teratogenic properties of rubella vaccine virus was published just 3½ years ago. If any cases have been filed since then, they have either been settled or are still pending.

There are, nevertheless, several well-established legal principles which certainly would be introduced in any litigation in this area. These principles are presented here in the following three subheadings with four illustrative cases set forth in each.

### 1. A physician has a duty to inform himself of his patient's condition and to prescribe treatment and take precautions in light of what he learns:

In the 1966 Arizona case of *Revels vs Pohle*,<sup>49</sup> the patient complained for eight months of pain in a healed abdominal incision and

alleged that the defendant never examined the incision by x-ray, palpation, or visual inspection but merely prescribed oral medication. Thereafter, another physician discovered steel suture material in the incision and the Court held that due care is not exercised if a physician acts without giving as thorough and careful an examination of the patient as the condition of the patient and attending circumstances will permit.

The Washington Supreme Court in *Seattle-First National Bank vs Rankin*<sup>50</sup> had before it for decision, in 1962, the case of a physician who had failed to detect a patient's anemia during her pregnancy. The plaintiff contended that this untreated condition contributed to the infant's anoxia during delivery and the physician was liable for resulting brain damage. Again the court reasoned that if a physician negligently fails to inform himself as to the facts and circumstances of his patient's condition and injury results therefrom, he should be held liable.

In the 1958 California case of *Horace vs. Weyrauch*,<sup>51</sup> the patient was injured by an injection of the iodine dye necessary for a pyelogram and the court decided that a jury could find that it was negligent for the physician not to have first given the patient a skin test to determine her sensitivity to iodine dye.

And lastly, in *Matter of Estate of Davies*,<sup>52</sup> a case decided by the Nebraska Supreme Court in January of 1977, it was held that for a physician to fail to utilize diagnostic techniques commonly recognized and employed can amount to negligence. In that case, the defendant allegedly failed to diagnose breast cancer during 21 consultations over a period of 31 months.

In view of existing law, it seems very likely that a court would find

that a physician has a duty to run an immunity test on a postpubertal woman prior to vaccination and if that test is negative, to follow it with a pregnancy test.

## **2. A physician can be held liable for injury resulting from the effects of a drug he administers:**

The 1970 case of *Mulder vs. Parke Davis & Co.*<sup>53</sup> involved both the issue of a physician's failure to apprise himself of his patient's condition and the issue of a physician's liability for the injurious effects of a drug. The defendant physician administered chloromycetin in treatment of the patient's ear infection and the Minnesota Supreme Court held that a jury could find the physician negligent if he failed, during the course of treatment, to take blood tests to determine the patient's susceptibility to aplastic anemia. The physician was sued after the patient died of gastro-intestinal hemorrhage due to aplastic anemia allegedly caused by the chloromycetin.

The Court in *Yorston vs. Pennell*,<sup>54</sup> decided in Pennsylvania in 1959, similarly took note of the fact that the physician failed to test for a penicillin allergy and held him liable for the injury caused by a penicillin reaction.

The plaintiff in *Koury vs. Follo*<sup>55</sup> claimed that his infant daughter's eighth cranial nerve was affected by streptomycin leaving her totally deaf. The North Carolina Supreme Court declared, in that 1968 case, that a physician can be held to have known the dangerous possible side effects of the drug administered whether, in fact, he did or not.

And in 1973, in *Ohligschlager vs. Proctor Community Hospital*,<sup>56</sup> the Illinois Supreme Court held that a jury could find a physician liable for the necrosis and ulceration suffered by his patient following the

intravenous administration of the drug, Sparine (Promazine Hydrochloride).

It would appear entirely possible that a physician could be held liable in negligence for injury done to a fetus by the administration of rubella vaccine to its mother.

## **3. A physician can be held liable for failure to obtain the patient's informed consent to treatment:**

The idea of informed consent was well articulated in 1960 in *Natanson vs. Kline*,<sup>57</sup> a leading case in the formulation of what is now the Informed Consent Doctrine. Mrs. Natanson brought this action to recover for injuries resulting from radiation therapy for breast cancer and the Supreme Court of Kansas had this to say:

A person violates his duty to his patient and subjects himself to liability for malpractice where no immediate emergency exists . . . if he makes no disclosure of significant facts within his knowledge which are necessary to form the basis of an intelligent consent by the patient to the proposed form of treatment.<sup>58</sup>

The Court went on to state that the plaintiff was entitled to a reasonable disclosure by Dr. Kline so that she might make an intelligent decision whether to take the cobalt irradiation treatment and assume the risks inherent therein, or in the alternative to decline this form of precautionary treatment and take a chance that the cancerous condition had not spread beyond that which had been removed by surgery.

In 1972, the United States Circuit Court of Appeals for the District of Columbia Circuit took a giant step beyond the holding in *Natanson* when it ruled in *Canterbury vs. Spence*<sup>59</sup> that the standards for adequate disclosure by a physician are set by law and not by the medical community. The Court held that a patient is entitled to all information material to his decision-

making process whether he asks for it or not, and that it is for the jury to decide whether a 1% chance of paralysis following laminectomy would have been information material to the patient's decision.

The plaintiff in the 1973 Kansas case of *Funke vs. Fieldman*,<sup>60</sup> suffered partial paralysis as the result of the administration of spinal anesthesia and the night before in response to the patient's question, the physician had indicated that the only danger was a possible headache. The Supreme Court of Kansas declared that this did not constitute adequate disclosure because the physician knew, or should have known, that there were more risks to a spinal anesthetic than a headache. The Court held that the defendant had a legal obligation to make a reasonable disclosure to his patient of the dangers involved in this type of anesthesia.

Finally, *Shack vs. Holland*,<sup>61</sup> a New York decision handed down in November 1976, is a case of great importance because it has carried the rules of informed consent into the prenatal injury field. In that case, the trial court held that a conditional prospective liability to a fetus is created when an unborn child's mother is not sufficiently informed of the risks and alternatives in delivery procedures, and that such liability attaches upon the birth of the child and inures to the benefit of the child in the nature of a cause of action for lack of informed consent.

*Shack* is a sound and logical extension of the Informed Consent Doctrine and a physician almost certainly would be held liable for injury done to a fetus by a rubella vaccine virus if he failed to explain the risks to the mother prior to vaccination.

## CONCLUSION

Vaccination of postpubertal women against rubella is carried out on a large scale in this country. Recent research furnishes a strong indication that rubella vaccine virus is teratogenic. An estimated 85% of postpubertal women are naturally immune to rubella. The HAI test is inexpensive and easy and will accurately screen out those women with HAI antibodies.

Existing law compels a physician to inform himself as to his patient's condition before he acts, charges him with the injurious effects of the drugs he administers, and requires that he obtain his patient's informed consent before he intervenes medically or surgically. The law of almost all jurisdictions permits suits for prenatal injuries and a recent New York case has allowed a prenatally injured plaintiff a cause of action based upon a lack of informed consent.

In light of existing law and known medical facts, recoveries against physicians who injure fetuses through the rubella vaccination of pregnant women (or soon-to-be-pregnant women) are a distinct possibility. This is especially so if physicians continue to follow all-too-common current practices. To forestall such a fate, physicians involved in this type of immunization would be well advised to follow this suggested checklist:

- Before vaccinating a woman of childbearing age, determine her immune status regarding rubella.
- If she is seronegative, determine if she is pregnant.
- If she is pregnant, do not administer the vaccine.
- If the pregnancy test is negative, fully disclose the risks involved in the event she is pregnant (despite the negative test results) or be-

comes so within three months, and obtain her consent to the vaccination.

Making the use of this checklist routine will assure, most importantly, the best possible medical care for the pregnant patient and her baby, and also will greatly lessen the chances that a vaccination-based malpractice claim can be successfully brought against the physician.

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45. Fleet, supra note 28. But see General Laws of Rhode Island, 1956, Re-enactment of 1969, 15-2-3; Colorado Revised Statutes 1973, 14-2-106; and West's Annotated California Codes, Civil Code 4300; which require that a woman be tested for rubella immunity as a condition for obtaining a marriage license. Illinois had a similar law but it has been repealed. Smith-Hurd Illinois Annotated Statutes, Chapter 89, 6b.
  46. Modlin, supra note 31.
  47. See e.g.: *Keyes v. Constr. Ser. Inc.*, 165 N.E. 2d 912 (Mass. 1960); *Bennett v. Hymers*, 147 A.2d 108 (N.H. 1958); *Smith v. Brennan*, 157 A.2d 497 (N.J. 1960); *Sinkler v. Kneale*, 164 A.2d 93 (Pa. 1960); *Wendt v. Lillo*, 182 F. Supp. 56 (N.D. Ia. 1960); *Woods v. Lancet*, 102 N.E. 2d 691 (N.Y. 1951).
  48. 157 A. 2d 497 (N.J. 1960).
  49. 418 P. 2d 364 (Ariz. 1966).
  50. 367 P. 2d 835 (Wash. 1962).
  51. 324 P. 2d 666 (Cal. 1958).
  52. 248 N.W. 2d 344 (Neb. 1977).
  53. 181 N.W. 2d 882 (Minn. 1970); see also *Stevens v. Parke Davis & Co.*, 507 P. 2d 653 (Cal. 1973), where a physician was held liable for the injurious effects of chloromycetin.
  54. 153 A. 2d 555 (Pa. 1959); see also *Walstad v. U. of Minn. Hospitals*, 442 F. 2d 634 (8th Circ. 1971), where the Court held that a jury could find a physician liable for the injurious effects of penicillin.
  55. 158 S.E. 2d 548 (N.C. 1968).
  56. 303 N.E. 2d 392 (Ill. 1973); see also *Mueller v. Mueller* 221 N.W. 2d 39 (S.D. 1974), where the Court held that a jury could find a physician liable for his patient's hip deterioration following treatment with cortisone.
  57. 354 P. 2d 670 (Kan. 1960).
  58. Id. at 672.
  59. 464 F. 2d 772 (D.C. Cir. 1972); see also *Cooper v. Roberts* 286 A. 2d 647 (Pa. 1971) where the Court reached a like result even though the risk of perforation of the stomach in a gastroscopic examination was less than 1 in 2500 (0.0004%).
  60. 512 P. 2d 539 (Kan. 1973).
  61. 389 N.Y.S. 2d 988 (N.Y. 1976).



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**\*Indications:** Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

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2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

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**Composition:** Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.

Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

**Dosage and Administration:** Oral: 10 to 20 mg., three or four times daily.

Intramuscular: 5 to 10 mg. (1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

**Contraindications and Cautions:** There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

**Adverse Reactions:** On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

**Supplied:** Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

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**Precautions:** Do not administer more frequently than every 6 hours, or within 12 hours after rectal dose of any preparation containing theophylline or aminophylline. Do not give other xanthine derivatives concurrently. Use in case of pregnancy only when clearly needed.

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# Primary Aldosteronism

ARUNABHA GANGULY, M.D.

Indianapolis

the extensiveness of the investigations and the availability of reliable diagnostic tools.

Radioimmunoassay of hormones have become widely available commercially but their reliability in general has not been clearly established. Physicians often are unsure about how to approach the management and investigation of these patients. Regardless of the actual incidence of primary aldosteronism, the absolute number of patients with primary aldosteronism must be sizable since hypertension is such a common disorder. Thus, every physician seeing sizable numbers of hypertensives may well have unrecognized cases.

Since Conn's original description, it has become clear that all cases of primary aldosteronism are not due to discrete adrenal adenoma, but some are caused by bilateral adrenal hyperplasia. Indeed, recent reports suggest that a third or even half of the patients with the syndrome of hyperaldosteronism may have bilateral adrenal hyperplasia. This latter entity has been called Pseudoprimary Aldosteronism, Idiopathic Adrenal Hyperplasia or Tertiary Aldosteronism.

With accumulated experience it has also become apparent that, in contrast with patients with adrenal adenoma, the high blood pressure

in patients with adrenal hyperplasia is often not cured or alleviated even when subtotal or total adrenalectomy is performed. Therefore, the need for the distinction between the two pathological types is more than academic, since surgery is now considered the treatment of choice in adenoma, but not in hyperplasia. Experience in specialized localization techniques such as adrenal vein catheterization or adrenal scanning is usually limited to a few teaching institutions.

None of the symptoms of primary aldosteronism are specific. Headache, when present, may be related to hypertension. Tiredness, weakness, paresthesiae, tetany, polyuria, nocturia, and muscle cramps are not present in all patients and may be due to hypokalemia from other causes. Hypokalemia may not be present in some patients and serum potassium levels may fluctuate. Dietary sodium intake appears to be a critical factor influencing potassium levels in hyperaldosteronism. Thus, patients consuming a restricted sodium diet may have a completely normal serum potassium level. The physical findings are those seen in patients with essential hypertension and depend on the duration and severity of hypertension. Malignant hypertension is rare but several

**P**Primary aldosteronism is a potentially curable form of hypertension. The syndrome, originally described by Conn in 1955, consists of hypertension, hypokalemia, hyperaldosteronism and normal cortisol production.

Conn had suggested that perhaps as many as 20% of patients with hypertension could have primary aldosteronism. Such optimism, unfortunately, has not been borne out of subsequent experience.

The precise incidence of primary aldosteronism in an unselected hypertensive population remains unknown. The estimates based on patients in the hospital or teaching institutions vary and is unrealistic because of the selectivity of patients, variable expertise of the physicians,

From the Specialized Center of Research (SCOR) in Hypertension, Indiana University School of Medicine, Indianapolis 46202.

cases have been recorded. There are two features which may be of clinical interest: 1) postural hypotension is common, but not as frequent as Conn had suggested; 2) in contrast to normal and other hypertensive subjects, in the absence of heart failure, nocturnal recumbent urinary water and sodium excretion is higher than day-time values in patients with primary aldosteronism.

Spontaneous hypokalemia usually tips the physician about the possibility of primary aldosteronism, but it may not be present in some. While the presence of hypokalemia suggests hyperaldosteronism, differentiation of secondary from primary forms requires measurement of plasma renin activity. Markedly suppressed or low plasma renin activity is one of the hallmarks of primary aldosteronism. Therefore, measurement of plasma renin activity should be able to detect all untreated cases, but it will include a large number of patients with low renin hypertension, who do not have primary aldosteronism. It is obvious that no single screening method (either serum potassium or plasma renin activity in response to a standardized stimulus) is entirely satisfactory.

Once primary aldosteronism is suspected in a hypertensive patient, the diagnosis can be established by the measurement of either urinary aldosterone excretion rate or plasma aldosterone concentration after a sodium load or administration of a mineralocorticoid (Florinef or DOCA), although the former is preferable. Plasma renin activity must be measured following oral or intravenous administration of furosemide (Lasix) or a few days of a low sodium diet and 2-4 hours of upright posture to rule out the possibility of secondary hyperaldosteronism. There are various protocols used by different investigators. Any physician utilizing such techniques must have normal ranges for the specific laboratory making the measurement. The combination of low plasma renin activity following a provocative stimulus and

unsuppressible plasma or urinary aldosterone with hypokalemia clinches the diagnosis.

Further investigations are directed at localization of the adrenal lesion. Patients with idiopathic adrenal hyperplasia are clinically and biochemically indistinguishable from those with adenoma. The biochemical abnormalities, however, tend to be more severe in adenoma. Computer - assisted analysis of several biochemical measurements can predict the diagnosis correctly, but is only helpful in investigative situations involving large numbers of such patients. More conventional means of distinction involve the use of adrenal vein catheterization with selective blood sampling, adrenal venography and adrenal scanning. Adrenal vein catheterization is difficult, requires considerable skill and even in the hands of experienced radiologists carries significant risk of adrenal hemorrhage and/or infarction.

Unilateral high plasma aldosterone levels suggest an adrenal adenoma; when aldosterone concentration is high in both adrenal veins, bilateral disease, usually adrenal hyperplasia is present. Failure to catheterize both adrenal veins occurs occasionally and may result in an inconclusive diagnosis. Properly performed, this appears to be the best technique for separating patients likely to benefit from surgery from those in whom medical therapy is indicated.

Adrenal scanning has been a promising tool, but the precise estimate of false positive and false negative diagnoses is not established. The uptake of  $I^{131}$ -iodocholesterol by one adrenal gland suggests the presence of an adrenal adenoma. Dexamethasone suppression is said to improve the capability of the scan to distinguish adenoma from bilateral hyperplasia. Adrenal carcinoma usually does not take up the isotope. The patient with primary aldosteronism due to adrenal carcinoma, which is quite rare, also usually produce other adrenal hormones in abnormal amounts.

The localizing procedures, because of their complexity, are best performed in an institution where expertise and substantial experience with these techniques are available. Otherwise, as in the past, many patients may undergo unnecessary surgery and even end up with total or subtotal adrenalectomy.

Surgery cures the metabolic abnormality in all and the hypertension in the majority when a discrete adenoma is present. A trial of spironolactone (Aldactone) therapy in relatively large doses (up to 400 mg a day) should ideally precede and continue right up to the time of surgery. The full effect of therapy may not be seen until 3-5 weeks of therapy. Occasionally, even larger doses may be required.

One should start therapy with 50 mg twice a day and increase the dosage at weekly or two-week intervals (e.g. 150 mg, 200 mg, 300 mg, 400 mg a day). Side effects in some patients (impotence, menstrual irregularity, breast discomfort or gynecomastia, gastrointestinal symptoms) may require lowering the dose (or even stopping it temporarily) and addition of a conventional diuretic.

In the immediate post-operative period, transient hypoaldosteronism is sometimes seen due to suppression of the contralateral adrenal. The serum potassium level should be watched carefully. Patients with bilateral adrenal hyperplasia, as determined by localizing procedures are best treated medically with spironolactone. A potassium-sparing diuretic, Amiloride, has been used in England with success as a hypotensive agent in primary aldosteronism, but is not available here yet.

Long term follow-up is needed for both surgically and medically treated patients. It is gratifying to see the patients with adrenal adenoma who are cured of their hypertension and symptomatic hypokalemia following surgery. A high index of suspicion in hypertensives with hypokalemia will frequently be rewarded by such gratification. ◀

# Spinal Screening for Scoliosis, Kyphosis and Lordosis

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From Department of Orthopedic Surgery, Indiana University School of Medicine and St. Vincent Hospital, Indianapolis.

Spinal screening for scoliosis, kyphosis, and lordosis is a proven program which should be implemented in all schools.<sup>1,2</sup> The Scoliosis Research Society and the American Academy of Orthopaedic Surgeons have encouraged this program for the last four years and recently a Spinal Screening Program packet has been made available through the Scoliosis Research So-

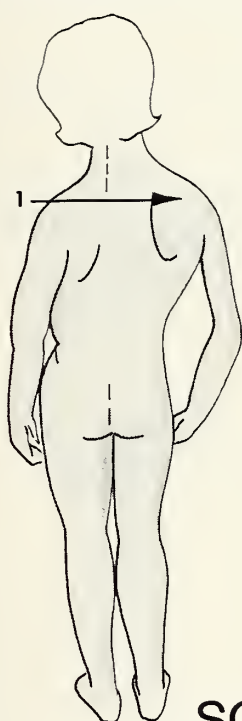


Fig.1

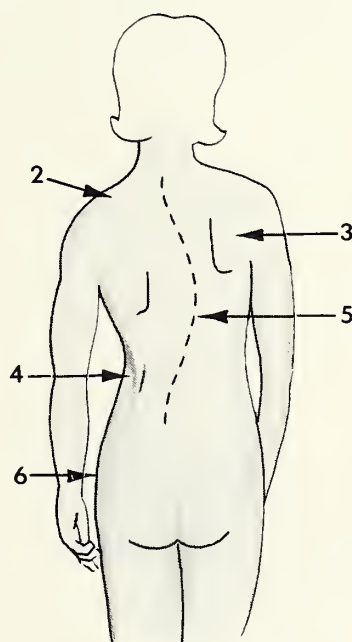


Fig.2

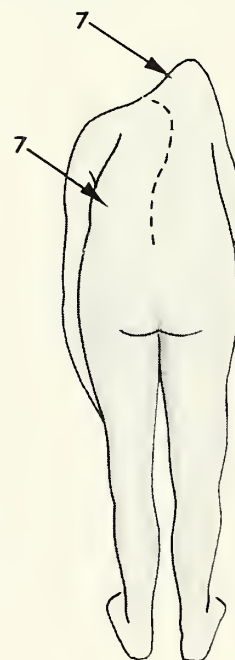


Fig.3

## SCREENING FOR SCOLIOSIS

Child should wear halter and shorts or an examining gown with back bare and should stand relaxed, but erect with back toward examiner, who will look for the following signs of scoliosis:

1. Balance—does the head and base of the neck line up over the center of the sacrum? (Fig. 1)
2. Is one shoulder higher or longer than the other side or is there a fullness on one side of the neck? (Fig. 2)
3. Is the scapula of one shoulder higher or more prominent than the other? (Fig. 2)
4. Is there a deeper crease over one side of the waist than the other or is there a greater

distance between the arm and flank on one side or the other? (Fig. 2)

5. Does the spine itself, as noted by observing the spinous processes, appear to curve? (Fig. 2)
6. Is there an asymmetrical contour of the flanks and hips? (Fig. 2)

The child should then bend forward with the back parallel to the floor and the hands clasped.

7. Is there a "rib hump" or bulge on one side of the back or flank? (Fig. 3)

Any one of these findings suggests an underlying scoliosis curve which deserves further evaluation and probably a standing A/P x-ray of the spine.

ciety and Merck Sharp and Dome Pharmaceutical Company. The spinal screening concept is encouraged by the Indiana Orthopaedic Society and the Indiana State Medical Association.

In Indiana our scoliosis screening to date has not been uniform. Last year with the help of the physical education instructors we were able to screen 25,686 students Grades 4 through 8 in the Indianapolis Public School System for scoliosis and kyphosis. Eight hundred thirty-six students, 473 girls and 363 boys, were referred to parents for possible symptoms. Less than 10% of suspected cases required any treatment, such as bracing or surgery. A few other school systems in Indiana are screening for spinal problems.

Occasionally physicians or pediatricians are not knowledgeable on the diagnosis and treatment of scoliosis. A few examined the children fully clothed. The bending test was often omitted. Often x-rays were ordered, but taken reclining instead of standing; too many x-rays were often taken, i.e. bending films were taken immediately on all cases.

The physician upon examining a child for scoliosis or kyphosis should check for certain definite physical signs (Figure 1, Figure 2, and Figure 3). The bending test is most important to detect minor degrees of scoliosis. In checking for kyphosis and lordosis certain physical findings should be checked (Figure 4).

Proper roentgenographic evaluation of suspected scoliosis cases is important. A standing upright A/P of the entire spine is the best x-ray to determine scoliosis; a standing upright lateral the best to determine abnormal degrees of kyphosis or lordosis. A radiologist should be able to measure a scoliotic, kyphotic, or lordotic spine in degrees. In general, we are screening for adolescent idiopathic scoliosis and Scheuermann's disease. Children of this age group seldom see their physicians and are modest and self-conscious; their parents also can

miss major spinal deformities. A 30 second examination by a school nurse or physical education teacher may prevent a child from needing major surgery or a lifetime of a spinal deformity.

It is hoped we can establish a voluntary screening for all students of the State of Indiana. Family physicians, pediatricians, orthopedic surgeons, or any other doctor of medicine interested in this program can receive information by writing to the—

Spinal Screening Program  
Scoliosis Research Society  
Room 800  
430 North Michigan Avenue  
Chicago, Illinois 60611

for the packet on scoliosis screening. The Scoliosis Research Society also has excellent audiovisual aids for screeners and physicians. A film is available for viewing or purchase by school systems. There is no charge for viewing. It may be purchased for \$110.00. The film content is directed towards school screeners. Other films are available

from the Indiana Orthopaedic Society or from my office. An audio-sound slide program is also available, which is directed toward physician education. There is no charge for viewing. The purchase cost is \$60.00.

Interested parties should set up programs in their schools. The orthopedic surgeons of your communities can provide you with aid in organizing the programs. It is hoped that Indiana, like the states of Delaware and Minnesota, can do away with most surgery required for adolescent idiopathic scoliosis and Scheuermann's disease. A school screening program is the best proven method of accomplishing these goals.

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2. Lonstein, John E., Deformities in Minnesota Schools, Clinical Orthopaedics and Related Research, No. 126, July-Aug. 1977, pp 33.

This article includes an extensive bibliography on school screening.

## SCREENING FOR KYPHOSIS & LORDOSIS

Have the child turn to the side.

### Kyphosis:

1. Do the shoulders hunch forward excessively?
2. Is there excessive or fixed prominence of the dorsal spine?

### Lordosis:

3. Is there an increase angle between lumbar spine and sacrum and unusual prominence of the sacrum? Have the child bend forward. If the lumbosacral angle does not flatten out and if the child has difficulty touching his toes, there may be a structural lordosis present and further evaluation including a lateral x-ray of the lumbosacral spine is indicated.

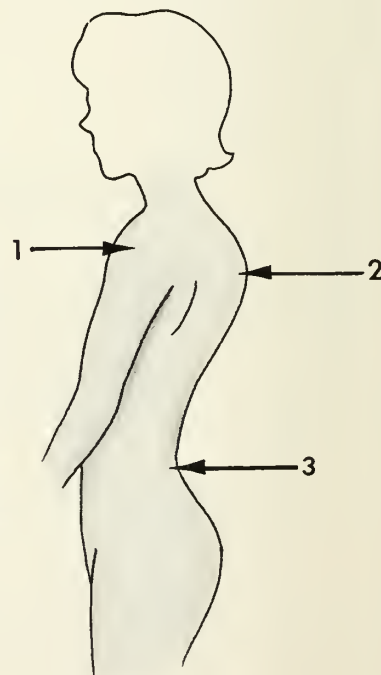


Fig. 4

THE JOURNAL, in cooperation with the Division of Postgraduate and Continuing Medical Education of the Indiana University School of Medicine, offers its readers a Continuing Medical Education program. This is the second of a series of articles written for purposes of continuing medical education—produced by the faculty of the School of Medicine—and supported by a grant from its Division of Postgraduate and Continuing Medical Education.

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Fill out the form on page 57 and return it to the Division of Postgraduate and Continuing Medical Education, I.U. School of Medicine. You will be advised by mail of your successful completion (80% of your answers must be correct). More details appear on page 57.



## Legionnaire's Disease

ARTHUR C. WHITE, M.D.\*  
Indianapolis

From July 21 to 24, 1976, the American Legion held a convention in Philadelphia. Shortly after the convention, a large number of pneumonias occurred in members who attended that convention; eventually a total of 181 cases of an atypical type of pneumonia with 29 deaths occurred. All of these patients had been at the convention hotel.

There were an additional 30 cases of Legionnaire's Disease in subjects who had not been within a block of the convention hotel; these illnesses were called Broad Street pneumonia.

In both groups, autopsy demonstrated acute diffuse alveolar damage, hyaline membrane formation and alveolar debris. An extensive investigation by members of the Pennsylvania Board of Health and the Center for Disease Control as well as other consultants failed to reveal any consistent isolation of bacteria, viruses, rickettsia, or fungi from these subjects. A toxicological investigation was not conclusive.

Six months later an organism was isolated from lung tissue from the Broad Street epidemic and from the Legionnaire's Disease. Lung tissue injected intraperitoneally into guinea pigs resulted in their death within two to three days. Spleen suspensions from these guinea pigs were injected into the yolk sacs of embryonated eggs. In the yolk sacs were found large numbers of bacteria stained by the Gimenez stain; they showed numerous moderate pleomorphic gram negative bacilli.

Convalescent sera from patients recovering from classical Legionnaire's Disease had antibodies against the bacteria which could be detected by indirect fluorescent antibody methods.

Eventually it was possible to culture the bacteria on artificial media using the Muller-Hinton agar with 1% hemoglobin and 1% Iso Vital X. The colonies grew very slowly with tiny colonies apparent in three to five days. To date it has been possible to isolate these organisms from lung and pleural fluid, but there have been no isolates recorded from sputum in patients with Legionnaire's Disease.

Using the indirect fluorescent antibody methods, it was shown that 80 of 117 serum samples from patients with Legionnaire's Disease had a recent infection; 41 of these patients had a four-fold or greater rise in indirect fluorescent antibodies against the gram negative isolated from the lungs of patients and 39 had high titers, that is, 128 or greater. On the other hand, none of 21 sera from cases of a known Psittacosis outbreak had either four-fold rise in antibodies or high

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titers and only 1 of 74 other pneumonias had serological evidence of recent infection.

Using serological methods, it was possible, retrospectively, to document two additional outbreaks that occurred before the Philadelphia Legionnaire's Disease in July 1976. In St. Elizabeth's Hospital in 1966, there had been 94 cases of pneumonia with 16 deaths. In Pontiac, Mich. in 1968, there had been an outbreak of respiratory disease in patients working the County Health Department, with 144 cases with fever, cough, and sore throats, but without evidence of pneumonia, and without deaths. Fourteen sera from the St. Elizabeth's outbreak were tested and 13 of these 14 showed four-fold rise in antibodies against the organism isolated from the Legionnaire's outbreak in Philadelphia. Of the 37 sera tested from the outbreak of Pontiac fever 31 showed four-fold or greater rise in fluorescent antibodies against the Legionnaire's Disease.

Since July 1976, there have been sporadic cases of "Legionnaire's Disease" reported from 24 states as well as three major outbreaks. Major outbreaks to date have been in Kingsport, Tenn.; Columbus, Ohio; and Burlington, Vt.

In Columbus, there was recognized within a period of two weeks approximately six cases with one death due to this agent. In Kingsport, from Aug. 1 to Sept. 28, 1977, there were 21 confirmed cases of Legionnaire's Disease; three were fatal. Twenty of these patients had a four-fold or greater rise in antibody, and one had a positive direct fluorescent antibody test on autopsied lung tissue.

A different story has occurred in a hospital in Burlington, where there were 27 confirmed cases of Legionnaire's from May 1 until Nov. 14, 1977; 15 of these were fatal. There were also 20 highly

probable cases identified; two of these were fatal. In contrast to most other outbreaks, a high proportion of these cases occurred in patients with pre-existing illness, particularly malignancies, immunosuppressive therapy, or renal disease. Of the first 16 cases confirmed, five were patients with renal dialysis or transplants and five were patients with carcinomatosis. The case fatality rate was 55% in patients with underlying diseases, but patients without severe underlying diseases had a case fatality rate of 17%. In that study a serological survey of hospital employees and employees of a large industry in Burlington revealed no significant differences between the titers of antibodies in Legionnaire's bacteria among the two groups. Both groups, however, had a larger proportion of high titers of antibody than populations studied in other parts of country.

Recognition, diagnosis, and treatment of the disease is not yet standardized. Historically, patients have what looks like atypical pneumonia with a history of fever, chill, headache, and myalgia, followed by a dry cough which may progress to high fever, shock, with patchy pneumonic infiltrates. X-rays have similarly described those with atypical pneumonia, due to mycoplasma. Cavitation has occurred but it is not clear whether it is due to secondary invasion or primary infection with Legionnaire's agent. The agent has not been cultured from sputum but has been isolated from pleural fluid, lung aspirates, and autopsy. Initial suspicion must be on clinical grounds and in most cases is confirmed by serological procedures using indirect fluorescent antibody testing on the patients' sera two to three weeks after onset of the disease.

Treatment is not yet substandardized; in guinea pigs erythromy-

cin appears to be the agent of choice and in uncontrolled studies in man the disease also appears to respond to erythromycin. There are a number of cases suggesting that cephalosporins are not active treatment of patients with Legionnaire's infection.

This recognition of a previously unknown bacterial infection also raises the possibilities that other pneumonias are due to organisms that we have not yet recognized. It also suggests that Legionnaire's Disease is responsible for a much larger number of pneumonias than we have recognized. To date, I am aware of two patients with pneumonia due to Legionnaire's Disease in Indianapolis, confirmed by serology. The most recent infection occurred in a patient receiving a renal transplant. Undoubtedly a larger number of cases have been unrecognized in this area.

*Do we have any idea of the frequency with which this disease may be occurring in which we do not recognize it?*

It is quite clear that there are a large proportion of the present bacterial pneumonias that we treat for which we do not have an established etiology. If one uses sputum isolates as an indication of proven disease, I do not think we can document causes of pneumonias in greater than 50% of the patients we treat. Therefore, in at least half of the patients, the disease is either due to an organism which we do not recover well from the sputum (and anaerobes would be one such group of organisms) or it is due to a wide variety of organisms that we have not yet been able to culture with our present methods. My personal view is that the agent of Legionnaire's Disease is much more widespread than has been appreciated and probably causes a significant portion of pneumonias seen in this country.

*Can the organism be recovered from the blood?*

To date there have been no documented cases of recovery of the organism from the blood; on the other hand, most blood culture media probably support the growth of this organism very poorly. I think specific studies with selected media will be made to answer that question.

*Do we know the reservoir of the infection and the site from which patients may be acquiring this disease?*

The reservoir is not completely known. There has been no person-to-person transmission of the disease. The very sharp outbreaks suggest a limited non-pulmonary reservoir and I understand the organism was isolated from air-conditioning material in one of the outbreaks. Whether this was the primary source of infection or secondary to infections from another source is unknown. The data suggest probably aeriol transmission from some reservoir.

*Is there a time period beyond which the addition of erythromycin does not alter the course? That is, do you have to treat these patients early?*

The therapy of this infection has not been studied in controlled studies. There is data in both animals and man suggesting that erythromycin is an effective drug, but there is not adequate data up on the period of time after the onset of symptoms in which erythromycin is effective.

*How does one recognize these patients early?*

I think the clinical syndrome suggesting mycoplasma pneumonia, fever, chills, and myalgia followed by a cough and then with patchy infiltrates, leads one either to suspect mycoplasma disease, adenoviral disease, or Legionnaire's Disease. The severity of the illness is much greater in Legionnaire's Disease than in either mycoplasma or adenoviral pneumonias. In addition, the absence of definitive organisms (that is, pneumococci or staphylococci, or Klebsiella) in a properly collected sputum specimen also makes one think of etiology other than the common bacteria. Establishing the etiology of pneumonias is one of the most difficult problems in Infectious Diseases. The recovery of an organism from the sputum does not necessarily mean it is causing lower respiratory tract disease; it simply may be an organism required during passing of the sputum through the throat so that the presence of staphylococci or even of pneumococci in the sputum may indicate only upper respiratory flora and not etiology of the lower

respiratory infection. In anaerobic infection, for example, we do not culture anaerobes out of the sputum because there are such large numbers of anaerobes in the upper respiratory tract that sputum cultures are worthless. Similarly, in mycoplasma disease one cannot depend on cultures to recover the organism. Whether transtracheal aspiration will be more helpful in Legionnaire's Disease remains to be determined.

I would like to emphasize that because of the rapid growth of other organisms in sputum specimens one should not ask the laboratory to recover these organisms from sputum cultures. Lung aspiration, pleural fluid or perhaps transtracheal aspirations would be the only material from which you should request the laboratory to try to recover this agent. ◀

## BOOK REVIEWS

### SURGEON UNDER THE KNIFE

Nolen, Wm. A., M.D., Dell Publishing Co., Inc., 1 Dag Hammarskjold Plaza, New York, N.Y. 10017.

A readable soft-bound book which was generated by Dr. Nolen's personal experience with coronary artery disease. The author considers this to be an optimistic and happy book. The language of the narrative is non-technical in general—when technical terms are mandatory a parenthetical explanation is included. The book was written, according to the author, in order that everyone be able to make an informed decision when confronted with heart disease and treatment.

An adequate explanation of the anatomy and actions of the heart is provided to the reader. Information is provided which will enable the lay reader to understand the terms used by his doctor—chest pain, anginal pain, and the referred pain of the myocardial infarct are explained.

A not inconsiderable space is devoted to personal details of the author's lifestyle and his reactions, both

physical and emotional. Dr. Nolen's reaction to diagnostic and evaluative procedures and the emotional component involved will be of interest to the physician. The lay reader will be interested to learn a physician's reaction to the need to select a hospital and a surgeon.

Dr. Nolen is openly critical of certain widely-known medical facilities, noting the importance of surgery in a friendly personal atmosphere, vis-a-vis the impersonal, but excellent, facility. The author is not reticent about his feelings concerning his choice of physician, hospital, and especially his reaction to the FMG.

Detailed is a list of errors and oversights noted during his hospitalization—these items are presented as constructive criticism but the indication is clear that human fallibility is always with us.

The book is interspersed with personal reflections and is a most detailed report from the onset of cardiac disease through the by-pass operation. To the layman it offers an opportunity to assess a situation and may answer questions which the potential patient has been reluctant to ask. To the physician this book offers insight into the subjective reaction of the trained surgeon who finds himself, at once, a patient. The detail may tell the reader more than he wants to know but this is a personal reaction. The physician reader may wish to mention the book to his patient—another personal and professional decision.

At \$1.95 it may offer much to both the physician and patient.

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### HANDBOOK OF PEDIATRICS

Silver, H.; Kempe, C.; and Bruyn, H.: **HANDBOOK OF PEDIATRICS**, 12th ed. 1977. Lange Medical Publications, Los Altos, CA.

This book can well be described as a succinct summary of the latest information in pediatrics. Its authorship includes Drs. Silver and Kempe of the Department of Pediatrics, University of Colorado, and Dr. Bruyn of the University of California School of Medicine, San Francisco.

One is tempted to use the term *gem* in describing this exceedingly useful little compendium. Surely it represents a worthy successor to Davison's **COMPLETE PEDIATRICIAN**. Sturdily bound, it presents tables, charts, etc., where they are needed. The inside front and back covers present information on physical dimensions and on cardiac arrest plus a metric and an English scale for use in measurement.

This pocket-sized volume is not, of course, encyclopedic; but it does present useful, up-to-date information concerning most conditions encountered by a pediatrician or family physician. It is strongly and enthusiastically recommended for all physicians who see children.

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1. Goldberg HL, Finnerty RJ, Cole JO: Doxepin: Is a single daily dose enough? *Am J Psychiatry* 131:1027-1029, 1974.

### Brief Summary of Prescribing Information

#### ADAPIN<sup>®</sup> (doxepin HCl) Capsules

**Indications**—Relief of symptoms of anxiety and depression.

**Contraindications**—Glaucoma, tendency toward urinary retention, or hypersensitivity to doxepin.

**Warnings**—Adapin has not been evaluated for safety in pregnancy. No evidence of harm to the animal fetus has been shown in reproductive studies. There are no data concerning secretion in human milk, or on effect in nursing infants.

Usage in children under 12 years of age is not recommended. MAO inhibitors should be discontinued at least two weeks prior to the cautious initiation of therapy with this drug, as serious side-effects and death have been reported with the concomitant use of certain drugs and MAO inhibitors.

In patients who may use alcohol excessively potentiation may increase the danger inherent in any suicide attempt or overdosage.

**Precautions**—Drowsiness may occur and patients should be cautioned against driving a motor vehicle or operating hazardous machinery. Since suicide is an inherent risk in depressed patients they should be closely supervised while receiving treatment. Although Adapin has shown effective tranquilizing activity, the possibility of activating or unmasking latent psychotic symptoms should be kept in mind.

**Adverse Reactions**—Dry mouth, blurred vision and constipation have been reported. Drowsiness has also been observed.

Adverse effects occurring infrequently include extrapyramidal symptoms, gastrointestinal reactions, secretory effects such as sweating, tachycardia and hypotension. Weakness, dizziness, fatigue, weight gain, edema, paresthesias, flushing, chills, tinnitus, photophobia, decreased libido, rash and pruritus may also occur.

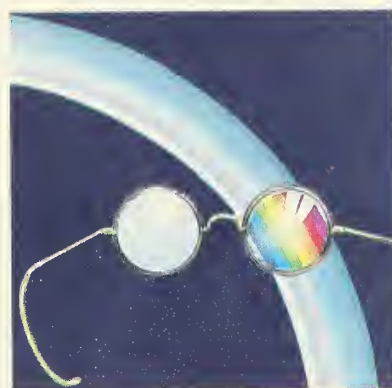
**Dosage and Administration**—In mild to moderate anxiety and/or depression: 10 mg to 25 mg t.i.d. Increase or decrease the dosage according to individual response.

**Usual optimum daily dosage is 75 mg to 150 mg** per day, not to exceed 300 mg per day.

Antianxiety effect usually precedes the antidepressant effect by two or three weeks.

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swimming. Start your new program with a check-up by your physician. It can help you feel better, look better and live better.

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## Silk Stockings

### From The Journal 50 Years Ago

Trade statistics show that during the last year the female of the species in the United States spent thirty million dollars more for silk stockings alone than the male of the species for all items classed under the heading of haberdashery. Well, why shouldn't they? Legs are the most conspicuous part of the female today and they look just a little bit better if they are "dolled up" some, even if covered with nothing more than the gauziest kind of silk hosiery. As an evidence that legs are the thing that count in this world McIntyre is responsible for the story that the photographers for the New York newspapers will not take the pictures of female celebrities unless the latter will consent to pose with as much of the legs exposed as possible, for as one newspaper photographer said, "Lady, legs are the thing that the public wants nowadays, so show'em up." However, from another standpoint, the prevailing styles have been the means of showing up some misshapen and ugly looking knees and calves of the females, and if some of the knock-kneed and spindly legged girls know just how ludicrous they look they certainly would forewear short dresses. But, oh, boy, how some of the dead and gone

admirers of the female form would have been pleased to have lived in this age when he looks at some of the beauties! The sophisticated men of this age who are surfeited with the views look upon beautiful female legs without an increase of a single heart beat, and we physicians look at the women of today who go so nearly undressed in zero weather and wonder why they do not freeze to death or die of pneumonia. Cold and uncomfortable? Of course the dear things are! But it's style, and if style kills them they die happy. We poor worms of men, groveling in the dust at the feet of these temperamental and slavish followers of fashion are frozen to the marrow of our bones in winter if we are not clothed in our "heavies" that extend clear to our ankles, and our legs to the ground encased in heavy woolen trousers. But then, man was not born to suffer, and he loves comfort, whereas you take the very joy out of life if you take away suffering from a woman! She really isn't happy unless she is suffering, either mentally or physically, but Lord bless them, how we do love them even when they are suffering!

**JISMA, January 1928**



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# NEWS NOTES

## Elections, Appointments

Recently elected officers of Union Hospital, Terre Haute, include Dr. W. J. Mankin, president; Dr. L. Lenyo, vice president; Dr. R. S. Mayrose, chief of staff; Dr. A. Y. S. Chau, secretary; and Dr. G. L. Darrow, treasurer.

\* \* \*

Dr. Borivoj S. Divcic has been named medical director of Community Mental Health Center, Valparaiso. The Center serves Porter and Starke Counties.

\* \* \*

Dr. Joseph Walther has been re-elected president of the Winona Memorial Foundation, Indianapolis. Dr. Richard A. Brickley, a former president of the Winona Memorial Hospital staff, has been appointed a member of the board.

\* \* \*

Dr. Alvan L. Eller has been re-elected president of the medical staff at St. Elizabeth Hospital, Lafayette. Dr. J. L. Kelley was named president-elect, and Dr. C. T. Cline has been elected secretary-treasurer.

\* \* \*

Dr. F. Gerald Battle has been appointed to the board of directors, Walters Hospital, Michigan City.

\* \* \*

Dr. Philip N. Eskew, Jr., Carmel, has been appointed as a commissioner on the National Joint Practice Commission.

## New Medical Facility

Cass County now has a new \$2.5 million medical care facility.

Dr. Aaron K. Warren of Cassopolis is medical director of the 78-bed structure, dedicated in November.

## County Health Department Gets Federal Grant

A federal grant for more than \$51,000 for a child health project, announced in November by Dr. Stanley Reedy, Elkhart County health director, is scheduled to begin this month (January).

Dr. Reedy said the funds will be used to prevent sickness in children. The basic service, he said, will include regular vision and hearing tests, growth measurement and a complete program of immunizations.

## Dr. Loh Visits Hong Kong, Tokyo

Dr. Wei-Ping Loh, Gary, has recently returned from a medical tour that visited Hong Kong and Tokyo. Dr. Loh initiated the trip and organized the medical seminars in both medical centers. He was given an award by the medical group in Hong Kong, and gave lectures in Tokyo.

## Dr. Brickley Lends Helping Hand

Dr. Richard A. Brickley of Indianapolis has been credited with helping a capital city American Legion post win a national citation for "outstanding service to children and youth of Indianapolis."

Dr. Brickley, Children and Youth Program chairman for Paul Coble Post No. 26, was instrumental in helping the post earn the National Organization of The Legion award, according to the local post commander.

Other Post No. 26 members cited for their contributions were Dr. Harry G. Becker, Dr. Ralph Everly, Jr., and Dr. Robert L. Rudesill.

## New Outpatient Wing Dedicated

Dr. F. B. Mountain, chief of the medical staff at Fayette Memorial Hospital in Connorsville, was among those presenting remarks during a recent ceremony dedicating the new outpatient wing of the hospital.

Medical staff members serving on the committee during the project's three years of planning and construction included Dr. Robert R. Taube and Dr. W. F. Kerrigan, both of Connorsville.

## Hospital Medical Staffs Elect

New officers have recently been chosen by some Indiana hospital medical staffs, as follows:

**Lutheran Hospital, Fort Wayne**—Dr. B. Trent Cooper, president; Dr. J. Robert Ball, president-elect; Dr. Dean Dauscher, treasurer. Executive Committee members include Dr. Don E. Miller, immediate past president, Dr. William R. Cast, Dr. Dan Tritch and Dr. J. Robert Ball.

## Energy's Impact on History to be Studied

A Regional History Day program on energy will be conducted in Indiana, Ohio and Kentucky schools this spring. The undertaking is funded by a Youth Project grant from the National Endowment for the Humanities and will be aimed at students in grades 7 to 12.

Dr. David Van Tassel, chairman, Department of History at Case Western Reserve University, will direct the program. The theme is to be "Energy: Its Impact on History." Students will be encouraged to research and write papers to highlight the social and cultural effects of energy in the past.

It is expected that more than 7,000 students will participate at 27 institutions in the three states.

The object of History Day is to stimulate greater interest in the application of history among young people by encouraging them to become involved in historical studies outside the classroom.

Contests to judge the projects will be held at the district level, then state-wide and ultimately on a regional basis.

## Golf Tourney Winners

Dan Evans of Valparaiso won the men's singles championship and Kay Clark of Danville won the women's singles in the golf tournament held during ISMA's annual convention.

Runners-up, respectively, were John Crawford of Fort Wayne and Nancy Bizal of Evansville. The tourney attracted 20 entries.

## Tennis Tourney Winners

Charles Bartholomew and Mary Lou Evans took first place in the men's and women's low gross category, respectively, during the tennis tourney held in conjunction with ISMA's annual convention.

Other winners:

**Men's Low Gross**—2. R. C. Balino; 3. Nick Egnatz; 4. Bob Dyar; 5. M. Gossard.

**Women's Low Gross**—2. Ann Throop; 3. Carla Morris.

**Men's High Gross**—Forest Radcliff.

**Women's High Gross**—Betty Buehl.

**Men's Low Net**—1. Phil Mosbaugh; 2. Don Mason; 3. John Luce.

**Women's Low Net**—1. Kay Mason; 2. Lorraine Davis; 3. N. Balino.

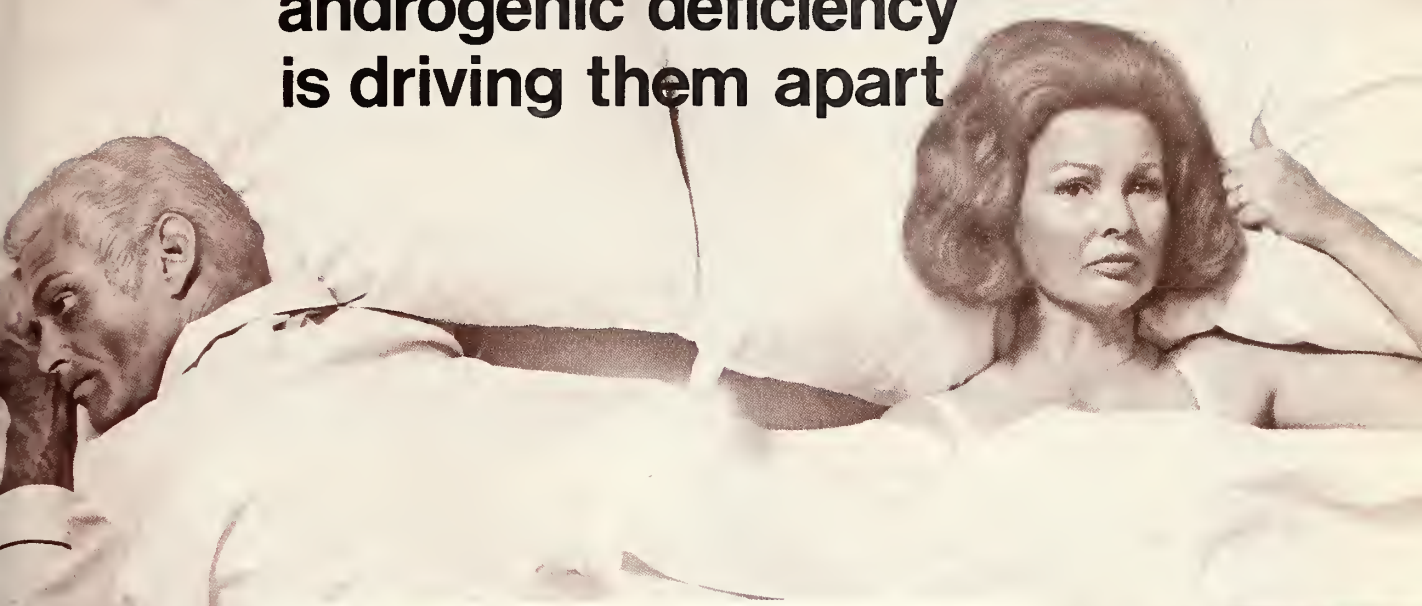
**Longest Drive, #5**—Ed Stouder.

**Closest to Pin #6 (Men)**—G. B. Davis.

**Closest to Pin #13 (Women)**—Mrs. D. G. Mason.

CONTINUED ON PAGE 46

# When **impotence** due to androgenic deficiency is driving them apart



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- Male Climacteric
- Eunuchoidism, Eunuchism
- Post-Puberal Cryptorchidism

### **New Double-Blind Study ANDROID-25 vs. Placebo\***

\*R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.; Hormones for Improved Sexuality in the Male and Female Climacteric. **Drug Therapy**, Sept. 1976.

**DESCRIPTION:** Methyltestosterone is 17 $\beta$ -Hydroxy-17-Methylandro-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunuchism 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-puberal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric,


avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE**

**REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. In the male: Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchidism, 30 mg. **REFERENCE:** Robert B. Greenblatt, M.D., and D. H. Perez, M.D.: "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only

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## NEWS NOTES

CONTINUED FROM PAGE 44

### "Sagamore of the Wabash"

Dr. A. L. Roby, a Jeffersonville pediatrician, has received a "Sagamore of the Wabash" award for his work with handicapped children. The award, presented for "outstanding service to the State of Indiana," is sponsored by Governor Otis Bowen.

### South Bend Physician Elected to State Society

Dr. Charles W. Magnuson, a South Bend gastroenterologist, has been installed as president of the Indiana Society of Internal Medicine. Dr. Magnuson has written more than a dozen published scientific articles, is a fellow of the American College of Physicians and a member of the North Central Medical Education Foundation.

### Dr. Albrecht Elected to Executive Board

Dr. Willard H. Albrecht, assistant professor at the Indiana University School of Medicine, has been elected to the executive board of the Alumni Association of Goshen College. Dr. Albrecht also serves as assistant director of the department of anesthesiology at Wishard Hospital, Indianapolis.

### Ground Broken for Inlow Clinic

Dr. W. D. Inlow, sole survivor of the original founders of Shelby County's Inlow Clinic in 1923, joined more than 70 people at a November ground-breaking ceremony on the 60-acre site of the new \$1.5 million Inlow Clinic building in Shelbyville. If taken to its ultimate expansion, the clinic could provide the county with the services of 47 doctors, it was reported. The clinic is set to open in the fall of 1978.

### South Bend Physician Named Fellow

Dr. Thomas F. Lavelle, Jr., South Bend, was made a Fellow of the American College of Chest Physicians at the College Annual Meeting in Las Vegas, Oct. 30 to Nov. 3.

### Physicians Elected to AAFP Fellowship

Recently elected to Fellowship in the American Academy of Family Physicians:

Dr. Edgar P. Kowalski, an Elkhart general surgeon;  
Dr. Clayton H. Atkins, a Greenwood general practitioner;  
Dr. Steven D. Atkins, also a Greenwood general practitioner;  
Dr. Jack E. Shields, a Brownstown general practitioner;  
Dr. Flor T. Castueras, a Salem general practitioner;  
Dr. Gerald P. Irwin, an Alexandria general practitioner.

### The Doctor is a Gridiron Fan

Dr. Thomas P. Mengelt of Elwood is a general practitioner who serves as team physician for the Elwood Panthers. He travels with the young gridgers to all local and out-of-town contests.

### Arthritis Pamphlet Available

Dr. Edward R. Gabovitch, president of the board of directors, Indiana Chapter of the Arthritis Foundation, recently warned the general public that arthritis quackery is a \$485 million a year racket. For a free pamphlet, "Arthritis Quackery," write to the Foundation, 1010 E. 86th St., Indianapolis 46240.

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# The Auxiliary Reports to ISMA



I have asked Ruth Gattman of Elkhart, President-elect of the ISMA Auxiliary, to prepare this month's report, which deals with the third annual Leadership Confluence.

*Mary K. Stanley*

Mary K. (Mrs. John R.) Stanley  
President, ISMA Auxiliary

The third annual Leadership Confluence sponsored by the AMA Auxiliary was held Oct. 9-12 at the Drake Hotel in Chicago.

Representing Indiana were:

Ruth Gattman, President-elect, ISMA Auxiliary, and these county presidents-elect—Donna Serna, Kathryn Thegze and Anne Marie DiCarlo, Lake County; Mercedes Krueger, Allen County; Marilyn Border, Delaware-Blackford; Mary Holm, Marshall-Starke; and Encar Reyes, Rush County.

As Donna Serna said, "October 9, 10 and 11 were well spent at the AMA Auxiliary Confluence. I attended many lectures and came back with my head spilling with good ideas and worthwhile knowledge."

Donna commented on the impaired Physician Seminar she attended: "Georgia was the first to label, recognize and treat the impaired physician. They have a four-month rehabilitation clinic called Ridgeview to help the chronically depressed, alcoholic or drug-addicted physician. Some of the statistics included 100-300 suicides a year. This did not mean much to me until they said this is one to three whole medical classes a year. One of 10 physicians is impaired or on his way to becoming impaired. Let me define 'impaired': A physician who is so depressed or addicted that he cannot function properly in his community, in the capacity of a physician. Usually there is a conspiracy of silence to try to cover up the physician's problem until it gets so bad that it is impossible to cover up. In the past only punitive measures were taken. Today there is a helping hand extended. Weeks are spent drying up, then psychiatric counseling is done with the family, and the process of rehabilitation begins as they prepare the physician to face the world again. I came back from the lecture feeling a little prouder that I belong to the human race. We actually are our brother's keeper, and someone is doing something positive toward that goal."

Marilyn Border expressed her feelings about Confluence in these words:

"The A.M.A.A. Confluence . . . was a most enriching and particularly enlightening experience for me. The meticulous planning involved beforehand was awesome. Everyone in attendance knew exactly where to be at what time. Anyone would have to admit that is quite an accomplishment for 400 women in one place. It was the most fact-filled two and one-half days of my life. My particular assignment, which I had preference two months prior, were as follows: "Techniques for Speakers," "On Being a Woman," "The Family Unit-Shifting Values," and "Parliamentary Procedure." The speakers, all professionals in their fields, had been imported from great distances and were informative and delightful to hear. The days went very quickly. Being personally involved in what would be termed by A.M.A.A. as a "medium to small" sized auxiliary (approximately 100 members), it becomes very common practice to think of ourselves as "our own entity." I learned of the true magnitude of the Medical Auxiliary and the far-reaching effects each and every local group has on the total organization. Without all of us little spokes, there would be no Big Wheel. There is a wealth of practical and applicable information available to every size and type of auxiliary if it is sought. I only hope I will conscientiously and effectively put to good use the vast store of information I obtained, particularly in my own Delaware-Blackford County Medical Society Auxiliary."

Next fall nine county presidents-elect from Indiana will be invited to attend Confluence. If your county receives an invitation, make every effort to attend. It's an experience you won't forget. The benefits are boundless to your county and to you.

RUTH GATTMAN  
Elkhart



## Tired of the rat race?

Tired of the crime, the congestion, the tension and frustration of the big city and the big city hospital? Are you running your life or is your life running you?

If the "good life" is eluding you, in your present location, Steuben County in Indiana is worthy of your consideration, as a place to practice medicine and to live.

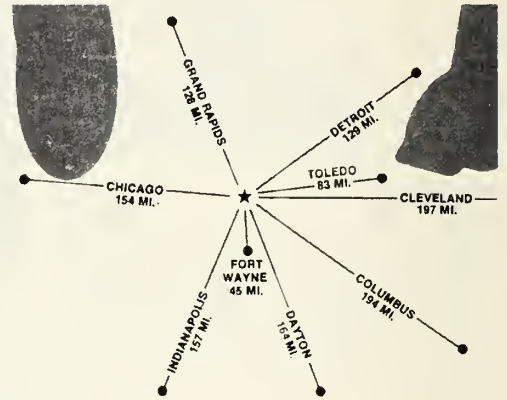
Located in the northeast corner of Indiana, with a population of 22,000, it has a stable economy based on agriculture, light industry and tourism.

Steuben County is endowed with 116 lakes which attract an additional summer population of 100,000 for fishing, other water sports, and general vacationing.

A new, first rate 60 bed hospital is just being completed, with ICU/CCU unit, 24 hour E.R. physician coverage, and facilities for radiographic special procedures, providing an uncomplicated setting in which to practice quality medicine.

This area has 45 minute access to sophisticated medical center and the larger city advantages of Fort Wayne, 3 hour freeway access to Chicago.

It has many friendly communities, where you can enjoy living and raising a family, which need and want the services of both family practitioners and specialists.



For more information, contact Wendell Jacob, Chairman Physician Recruitment Committee, 15 South Public Square, Angola, Indiana. 46703. (219) 665-3194.



## GOOD NEWS from The Pointe!

**WE NOW HAVE A FEW COMPLETELY FURNISHED NEW VACATION HOMES AVAILABLE FOR IMMEDIATE OCCUPANCY FROM \$39,990.**

Your search for the perfect condominium is over. In East Bay at The Pointe on Lake Monroe, you'll find lovely homes overlooking the 18-hole Championship Golf Course ready for immediate occupancy.

These fully furnished garden homes feature 2 bedrooms, 2 baths, living room with fireplace, kitchen, dining area, patio or balcony, ample closet space plus all the extras you get from Indiana's largest lake! Come to The Pointe this weekend. You may never want to leave. These homes come completely furnished from \$39,990.

**Take Highway 37 to the Harrodsburg exit, about 10 miles south of Bloomington, and follow the signs.**

**THE POINTE 2250 E. Pointe Road  
Bloomington, IN 47401  
Phone: (812) 824-7022**



## FUTURE MEETINGS, SEMINARS, COURSES

### Michigan Postgraduate Courses

The University of Michigan announces the following postgraduate courses, all of which will be held at The Towsley Center for Continuing Medical Education. For further information, write to the Office of Continuing Education, University of Michigan Medical School, The Towsley Center, Ann Arbor, Mich. 48109.

<b>Date</b>	<b>Title</b>	<b>Target Audience</b>
April 4-5	Obstetrics and Gynecology Conference	Ob-Gyn
April 6-7	Ophthalmology Conference	Ophthalmologists
April 11-13	Electrocardiographic Diagnosis	Family Physicians, Internists
April 17-21	Family Practice Review II	Family Physicians
April 25	Social Work Course	Social Workers
April 26	Pastoral Care and Cancer	Clergy

### Mediclinics Spring Seminars Planned

The 23rd Annual Mediclinics Spring Seminars will be held at Fort Lauderdale, Fla., from March 6-17. The program, designed for the needs of the primary medical physician, will make an effort to update many medical specialties in a practical manner. In addition, controversial subjects will be covered by guest lecturers. The Mediclinics are sponsored by the Florida Academy of Family Practice and Broward Medical Center.

For more information, write Mediclinics, Inc., International Medical Seminars, 832 Central Medical Building, St. Paul, Minn. 55104.

### Antibiotic Therapy Symposium II

"Antibiotic Therapy Symposium II" will be held at the Center for Continuing Education on the campus of the University of Notre Dame on Feb. 22, 1978. Registration is open to all physicians in the midwest. The faculty is composed of nationally recognized authorities in the field. The proceedings will be taped and published. The registration fee of \$25 covers a luncheon, a copy of the Proceedings and refreshments at mid-morning and mid-afternoon breaks. For details write Dr. Robert I. Devetski, Department of Microbiology, University of Notre Dame, Notre Dame, IN 46556.

### AAFP Plans Workshops

The American Academy of Family Physicians will hold workshops to assist practicing family doctors to take the certifying examination in family practice. The 1978 exam will be the last one for which family doctors who have not completed a family practice residency may be eligible. Subsequent examinations will be open only to physicians who have completed an approved residency training program. Advance registration is necessary to attend the workshops. Two workshops are scheduled for January, three for February, and three for March. The closest workshop for Indiana physicians will be held on March 5 at Hyatt Regency O'Hare, Chicago. A fee of \$50 will be charged to offset expenses. For further info, write Education Division, American Academy of Family Physicians, 1740 W. 92nd St., Kansas City, Mo., 64114, or call 800-821-2512.

## 41st Annual New Orleans Graduate Medical Assembly March 31-April 4, 1978

**Meeting Theme:** "The High Risk Patient."  
**Accreditation:** AMA Category 1—AAFP, ACEP.

**Oliver H. Dabazies, Jr., M.D., F.A.C.S.,**  
**Director of Program.**

**Fee:** \$200 Non-Member Physicians. Military: \$100. Students, Residents, Interns & Fellows: Complimentary Registration.

**Write or Phone:** NOGMA, Rm. 1538 Tulane Medical Center, 1430 Tulane Avenue, New Orleans 70112 (504) 525-9930

# THE INDIANA STATE MEDICAL ASSOCIATION

3935 N. Meridian, Indianapolis 46208—Telephone 925-7545

1978 Annual Meeting — Oct. 21-25 — Clarksville

## OFFICERS FOR 1977-78

President—Eli Goodman, 807 High St., Charlestown 47111

President-Elect—James A. Harshman, M.D., St. Joseph Hospital, Kokomo 46901

Treasurer—Arvine G. Popplewell, 3530 S. Keystone, Indianapolis 46227

Assistant Treasurer—Joseph F. Ferrara, 111 S. Water St., Franklin 46131

Executive Committee—John W. Beeler, 1815 N. Capitol Ave., Indianapolis 46202, Chairman; Richard G. Ingram, 206 S. Main St., Montpelier 47359; Joe Dukes, Dugger 47848, Members

Speaker of the House—Lloyd L. Hill, 302 N. Duke St., Peru 46970

Vice Speaker—Lawrence E. Allen, 2009 Brown St., Anderson 46016

Executive Director—Mr. Donald F. Foy

## TRUSTEES

District	Term Expires
1—John Bizal, Evansville	Oct. 1980
2—Paul W. Holtzman, Bloomington	Oct. 1978
3—Thomas Neathamer, Jeffersonville	Oct. 1979
4—Howard C. Jackson, Madison	Oct. 1980
5—Cleon M. Schauwecker, Greencastle	Oct. 1978
6—Glen Ward Lee, Richmond	Oct. 1979
7—Donald C. McCallum, Indianapolis	Oct. 1980
7—John G. Pantzer, Indianapolis	Oct. 1978
8—Jack M. Walker, Muncie	Oct. 1978
9—John A. Knote, Lafayette	Oct. 1979
10—Martin O'Neill, Valparaiso	Oct. 1980
11—Herbert C. Khalaf, Marian	Oct. 1978
12—Alvin J. Haley, Fort Wayne	Oct. 1979
13—Donald S. Chamberlain, South Bend	Oct. 1980

### Section on Surgery

Chairman—Glen McClure, Sullivan

Secretary—

### Section on Internal Medicine

President—Douglas H. White, Indianapolis

Secy-Treasurer—William Bastnagel, Indianapolis

### Section on Family Practice

Chairman—Harvey Himelstein, Indianapolis

Secretary—Bernard J. Emkes, Indianapolis

### Section on Obstetrics and Gynecology

Chairman—Charles R. Thomas, Indianapolis

Secretary—Hans E. Geisler, Indianapolis

### Section on Ophthalmology and Otolaryngology

Chairman—John Bizal, Evansville

Secretary—Daniel R. Evans, Valparaiso

### Section on Anesthesiology

Chairman—Normand Townley, Indianapolis

Secretary—Wendell Edwards, Indianapolis

### Section on Public Health and Preventive Medicine

Chairman—Ivan T. Lindgren, Aurora

Secretary—David J. Edwards, Indianapolis

### Section on Radiology

Chairman—Edwin F. Koch, Jr., Muncie

Secretary—Richard Fax, Fort Wayne

### Section on Nervous and Mental Diseases

Chairman—Richard N. French, Indianapolis

Secretary—Jeffrey J. Kellams, Indianapolis

Terms expire December 31, 1978:

Delegates: James A. Harshman, Kokomo; Malcolm O. Scamaharn, Pittsboro; Rass L. Egger, Daleville.

Alternates: George Lukemeyer, Indianapolis; Everett Bickers, Flaysds Knobs; Gilbert M. Wilhelmus, Evansville.

## DELEGATES TO THE AMA

Terms expire December 31, 1979:

Delegates: Patrick J. V. Corcoran, Evansville; Peter R. Petrich, Attica.

Alternates: Thomas C. Tyrrell, Hammond; Marvin E. Priddy, Fort Wayne.

## ALTERNATES

District	Term Expires
1—E. DeVerre Gaurieux, Evansville	Oct. 1979
2—Edgar R. Cantwell, Vincennes	Oct. 1980
3—Richard G. Huber, Bedford	Oct. 1980
4—Mark M. Bevers, Seymour	Oct. 1979
5—William G. Bannon, Terre Haute	Oct. 1979
6—Davis W. Ellis, Rushville	Oct. 1978
7—I. E. Michael, Indianapolis	Oct. 1980
7—Gerald Kurlander, Indianapolis	Oct. 1980
8—Ted S. Doels, Middletown	Oct. 1979
9—Max N. Haffman, Cavington	Oct. 1980
10—Leonard W. Neal, Munster	Oct. 1978
11—Fred Poehler, La Fontaine	Oct. 1980
12—Franklin A. Bryan, Fort Wayne	Oct. 1980
13—John W. Luce, Michigan City	Oct. 1979

## SECTION OFFICERS 1977-1978

### Section on Pathology and Forensic Medicine

Chairman—Robert Reed, Columbus

Secretary—David E. Smith, Indianapolis

### Section on Pediatrics

Chairman—Robert Hannemann, Lafayette

Secretary—William C. Ashman, Fort Wayne

### Section on Directors of Medical Education

Chairman—Thomas Spain, Evansville

Secretary—Robert Robinson, Indianapolis

### Section on Cutaneous Medicine

Chairman—Edward Probst, Columbus

Secretary—Patrick Logan, Indianapolis

### Section on Allergy

Chairman—William Mount, Lafayette

Secretary—Beauford Spencer, Blaamington

### Section on Urology

Chairman—Russell Judd, Indianapolis

Secretary—David Schlueter, Fort Wayne

### Section on Orthopedic Surgery

Chairman—Robert F. Kimbrough, Fort Wayne

Secretary—Marris S. Friedman, South Bend

### Section on Emergency Medicine

Chairman—David Gettle, Indianapolis

Secretary—Carolyn Cunningham, Indianapolis

### Section on College Health Physicians

### Section on Neurological Surgery

District	President	Secretary	Place, Date of Meeting
1.	James A. Marvel, Evansville	Farrest F. Radcliff, Evansville	May 18, Evansville
2.	Hugh S. Ramsey, Blaamingtan	James P. Beck, Washington	May 25, Blaamingtan
3.	Marvin McClain, Scottsburg	Charles X. McCalla, Paoli	Scottsburg
4.	Larry Williams, Madison	Ott B. McAtee, Madison	May 24, Madison
5.	J. Franklin Swaim, Rackville	Clyde Jett, Seelyville	May 3, Terre Haute
6.	O. Lynn Webb, New Castle		Shelbyville
7.	William Staffard, Plainfield	M. O. Scamaharn, Pittsboro	
8.	Lowell W. Painter, Winchester	Howard Kach, Winchester	June 7, Muncie
9.			June 8
10.	James R. Brown, Valparasio	Barran M. F. Palmer, Hammond	
11.	Amanda L. Baluyot, Peru	Fred Paehler, La Fontaine	Sept. 20, Peru
12.	Thomas A. Felger, Fort Wayne	R. Wyatt Weaver, Angola	Sept. 7, Fort Wayne
13.	David L. Spalding, Mishawaka	Michael G. Quinn, South Bend	

# THIS FORMER ALL-STATE HALFBACK WILL DIE 20 YEARS BEFORE HIS TIME



back in college he was always in great shape. But, like too many other Americans, the end of his college career signaled the end of his regular physical activity.

Years of business pressure, poor diet and a sedentary lifestyle have conspired to steal away his good health and cut years from his life expectancy. Now he's a prime candidate for heart disease—the number one cause of death and disability in the U.S.

Don't let the same thing happen to you. If you left your active lifestyle back in school, get moving again. Start a moderate program of regular lifetime sports like golf, tennis, biking, jogging, bowling or

swimming. Start your new program with a check-up by your physician. It can help you feel better, look better and live better.

Just a little activity and recreation can make a big difference in your whole outlook on life. And the sooner you get moving, the longer you'll be able to move.

## KEEP MOVING, AMERICA!



# *Clinical experience & continuing confidence*

KAON® ELIXIR was introduced in 1954, followed by KAON® TABLETS in 1963. Decades of clinical experience indicate acceptability, effectiveness, and safety in the majority of patients; should abdominal pain occur, therapy should be discontinued. Both have been taken by patient after patient, day after day, year after year, to correct potassium deficiencies. Both have consistently demonstrated their value when diet alone is inadequate for potassium replacement.

## **Kaon® Elixir** (potassium gluconate) **Kaon® Tabs** (potassium gluconate)

### BRIEF SUMMARY Kaon Tablets/Kaon Elixir

#### KAON® (potassium gluconate) TABLETS

**Description:** Each sugar-coated tablet supplies 5 mEq. of elemental potassium (as potassium gluconate 1.17 Gm.). Kaon Tablets are sugar coated, not enteric coated, which favors dissolution in the stomach and absorption before reaching the small intestine where the lesions with enteric potassium chloride have occurred. The sugar coating merely adds to palatability and ease of swallowing, not to delay absorption as does the enteric coating.

**Indications:** Oral potassium therapy for the prevention and treatment of hypokalemia which may occur secondary to diuretic or corticosteroid administration. It may be used in the

treatment of cardiac arrhythmias due to digitalis intoxication.

**Contraindications:** Severe renal impairment with oliguria or azotemia, untreated Addison's disease, adynamia episodica hereditaria, acute dehydration, heat cramps and hyperkalemia from any cause.

**Warning:** There have been several reports, published and unpublished, concerning nonspecific small-bowel lesions consisting of stenosis, with or without ulceration, associated with the administration of enteric-coated potassium tablets alone or when they are used with nonenteric-coated thiazides or certain other oral diuretics. These small-bowel lesions have caused obstruction, hemorrhage and perforation. Surgery was frequently required and deaths have occurred. Available information tends to implicate enteric-coated potassium salts, although

lesions of this type also occur spontaneously. Therefore, coated potassium-containing formulations should be administered only when indicated and should be discontinued immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occur. Coated potassium tablets should be used only when adequate dietary supplementation is not practical.

**Precautions:** In response to a rise in the concentration of body potassium, renal excretion of the ion is increased. With normal kidney function, it is difficult, therefore, to produce potassium intoxication by oral administration. However, potassium supplements must be administered with caution, since the amount of the deficiency or daily dosage is not accurately known. Frequent checks of the clinical status of the patient, and periodic ECG and/or serum potassium levels should be made. High serum concentra-

Time is  
the test of  
all things



ions of potassium ion may cause death through cardiac depression, arrhythmias or arrest. This drug should be used with caution in the presence of cardiac disease.

In hypokalemic states, especially in patients on a salt-free diet, hypochloremic alkalosis is a possibility that may require chloride as well as potassium supplementation. In these circumstances, Kaon (potassium gluconate) should be supplemented with chloride. Ammonium chloride is an excellent source of chloride ion (18.7 mEq. per Gram), but it should not be used in patients with hepatic cirrhosis where ammonium salts are contraindicated. Other sources for chloride are sodium chloride and Diluted Hydrochloric Acid, U.S.P.

It should also be kept in mind that ammonium cation exchange resin, sometimes used to treat hyperkalemia, should not be administered

to patients with hepatic cirrhosis.

**Adverse Reactions:** Nausea, vomiting, diarrhea and abdominal discomfort have been reported. The symptoms and signs of potassium intoxication include paresthesias of the extremities, flaccid paralysis, listlessness, mental confusion, weakness and heaviness of the legs, fall in blood pressure, cardiac arrhythmias and heart block. Hyperkalemia may exhibit the following electrocardiographic abnormalities: disappearance of the P wave, widening and slurring of QRS complex, changes of the S-T segment, tall peaked T waves, etc.

**Overdosage:** Potassium intoxication may result from overdosage of potassium or from therapeutic dosage in conditions stated under "Contraindications." Hyperkalemia, when detected, must be treated immediately because lethal levels can be reached in a few hours.

#### **KAON® (potassium gluconate) ELIXIR**

**Description:** Each 15 ml. (tablespoonful) supplies 20 mEq. of elemental potassium (as potassium gluconate, 4.68 Gm.) with saccharin and aromatics. Alcohol 5%.

**Indications:** See Kaon Tablets.

**Precautions:** See Kaon Tablets.

In hypochloremic alkalosis, potassium replacement with potassium chloride (e.g., Kaochlor® 10% Liquid) may be more advantageous than with other potassium salts.

**Adverse Reactions:** See Kaon Tablets.

**Overdosage:** See Kaon Tablets.

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COLUMBUS, OHIO 43215



# The keys to a more efficient medical practice

## AMA Practice Management Publications

An efficient medical practice requires sound business management. By applying proven management techniques, you can improve the efficiency and profitability of your practice and--most important of all--have more time to devote to your patients.

These AMA Practice Management Publications, developed with the help of medical management consultants, are designed to provide you with the latest techniques and procedures in the management of your practice. Whether you are a new physician who must make immediate decisions about setting up your practice or an established physician who wants to increase the efficiency of your practice, these publications are an invaluable source.

**TO ORDER:** Write Order Department, American Medical Association, 535 N. Dearborn, Chicago, IL. 60610. Please specify title, OP number, and include payment with your order.

### Publications

#### 1 **The Business Side of Medical Practice** (OP-410) \$2.00

Guide to basic management principles. Includes: deciding how to practice; selecting a location; setting up an office; financing; legal hurdles; insurance; mechanics of providing good medical service; billings and collections; human relations.

#### 2 **Planning Guide for Physicians' Medical Facilities** (OP-439) \$2.00

Provides guidelines and general principles to help you determine the criteria for selecting a medical office that best suits your needs. Includes: basic planning before building; office construction, inside and out; your office interior; office condominiums.

#### 3 **Medicolegal Forms with Legal Analysis** (OP-109) \$1.25

Contains medicolegal forms, with legal analysis and citations of court decisions, for the more common interactions between patients and their physicians and hospitals, such as: consent and informed consent; patient's right to privacy; confidentiality of records; physician-patient relationship.

#### 4 **Preparing a Patient Information Booklet** (OP-441) \$.30

A guide for preparing a general information booklet for your patients on your specialty and type of practice.

#### 5 **Talking with Patients** (OP-450) \$.30

Provides proven psychological principles and specific examples on how to improve office-patient relations in telephone communications.

#### 6 **Medical Collection Methods** (OP-448) \$25.00

A "how to" cassette/workbook program designed to train medical assistants in the most effective collection techniques.

**Extra Workbooks** (OP-449) \$2.00 each

#### 7 **Professional Corporations in Perspective** (OP-102) \$3.25

1977 publication which features: economic factors, advantages and disadvantages of incorporation; effect of ERISA on professional corporations; choosing a retirement plan; and managing a professional corporation.

#### 8 **New Doctor's Kit** (OP-458) \$10.00

Contains: **The Business Side of Medical Practice**; **Planning Guide for Physicians' Medical Facilities**; **AMA Publications Lists**; **Group Practice Guidelines**; **Current Procedural Terminology** order form; Uniform Health Insurance Claim Form; **Medicolegal Forms**; **Talking with Patients**; **Preparing a Patient Information Booklet**; AMA membership information; Placement Service; and bibliography on billing systems, recording keeping systems, etc.

#### 9 **Group Practice Kit** (OP-457) \$7.50

Contains: **Group Practice Guidelines**; **Professional Corporations in Perspective**; medicolegal reprints on such subjects as: professional liability, confidentiality, informed consent, etc.; samples of model legal agreements for a physician and employed associate, office sharing, medical partnerships, and forming a corporation.

# QUIZ

## Legionnaire's Disease

(Pages 35-37)

TO OBTAIN ONE HOUR OF CATEGORY 1 AMA CME credit, answer the following quiz and return your answer sheet and application form to Division of Postgraduate and Continuing Medical Education, Indiana University School of Medicine, 1100 W. Michigan St., Indianapolis 46202

Indiana University School of Medicine certifies that this continuing medical education activity meets the criteria for one (1) hour of credit in Category 1 for the Physician's Recognition Award of the American Medical Association.

### ANSWER THE FOLLOWING:

1. The agent of Legionnaire's Disease has been identified as:
  - a. Gram positive cocci
  - b. Gram negative bacteria
  - c. Virus
  - d. Chlamydia
  - e. Fungus
2. The organism responsible for Legionnaire's Disease has been isolated from:
  - a. Sputum cultures
  - b. Blood cultures
  - c. Liver biopsies
  - d. Lung tissue and pleural fluid
  - e. All of above
3. The mortality rate in Legionnaire's Disease in the Philadelphia outbreak was:
  - a. 59%
  - b. 83%
  - c. 76%
  - d. 5%
  - e. 16%
4. The most effective treatment of Legionnaire's Disease appears to be:
  - a. Cephalothin
  - b. Gentamicin
  - c. Penicillin G
  - d. Erythromycin
  - e. Amikacin
5. Available antibody tests for Legionnaire's Disease are:
  - a. Complement fixing tests
  - b. Precipitin tests
  - c. Flourescent antibody
  - d. Agglutinin test
  - e. Hemagglutination inhibition tests

**Complete this form to obtain verification for one hour of Category 1 AMA CME credit.**

Answer the quiz on the answer sheet below, circle the correct letters or write the appropriate letter after the numbers. Then complete this form and mail it to Division of Postgraduate and Continuing Medical Education, 1100 W. Michigan St., Indianapolis 46202. Your answer sheet will be graded confidentially, at no cost to you, and notification of successful completion of the

quiz will be forwarded to you for use with your application for the Physician's Recognition Award of the American Medical Association. For successful completion of the quiz you must answer 80% of the questions correctly. If you do not receive a notice advising you of your successful completion, you will know that you did not answer 80% of the questions correctly. Answers to the quiz will appear in a later issue.

### Answer sheet for Quiz:

1. a, b, c, d, e
2. a, b, c, d, e
3. a, b, c, d, e
4. a, b, c, d, e
5. a, b, c, d, e

I wish to apply for one hour of category 1 AMA Continuing Medical Education credit through the I.U. School of Medicine. I have read the article and answered the quiz on the answer sheet above. I understand that my answer sheet will be graded confidentially, at no cost to me, and that notification of my successful completion of the quiz (80% of the questions answered correctly) will be directed to me for my application for the Physician's Recognition Award of the American Medical Association. I also understand that if I do not answer 80% of the questions correctly, I will not be advised of my score but the answers will be published in a later issue of THE JOURNAL for my information.

Name (please print or type)

Address

Identification number (found above your name on mailing label)

Signature

The Division of Postgraduate and Continuing Medical Education must receive your completed, signed application before March 15, 1978, to be eligible for credit for this month's quiz. Answers to the quiz will appear in a later issue.

**Even brilliant surgery  
can be complicated  
by infection...**



# ANCEF<sup>®</sup> is effective in post-surgical infections\*

- \*Broad coverage of the major areas of post-surgical infection due to susceptible organisms. See Indications on next page.

- High Levels Present in Tissues and Fluids†  
Ancef<sup>®</sup> achieves high concentrations in bone, synovial fluid, skin and soft tissues (such as pleural fluid, peritoneal fluid and lymph nodes). Ancef<sup>®</sup> is also excreted in a microbiologically active form in urine.

- High and Prolonged Serum Levels  
A single 1 gram IV injection produced a mean peak concentration of Ancef<sup>®</sup> of 190 mcg/ml in healthy adult volunteers. After 4 hours, levels of 16.5 mcg/ml were still present.

- IM or IV Dosage Flexibility  
The same dosage schedule can be used for both IM and IV administration.

- Well Tolerated  
Most frequently reported adverse reaction is pain on injection. Please see next page for a complete list of reported adverse reactions. Use with caution in patients with penicillin or other allergies.

Please see next page for a brief summary of prescribing information, including indications, contraindications, warnings, precautions, and adverse reactions.

†Data on file, SK&F Medical Department. Tissue penetration is regarded as essential to therapeutic efficacy, but specific antibiotic tissue levels have not been directly correlated with specific therapeutic effects.

**Smith Kline & French Laboratories**  
Philadelphia, Pa.

**ANCEF<sup>®</sup> IV  
IM**  
brand of sterile  
**CEFAZOLIN SODIUM**  
(LYOPHILIZED)

Injection: 250 mg, 500 mg, and 1 gram vials

**SK&F**  
a SmithKline company

# ANCEF<sup>®</sup> IV IM

brand of sterile

## CEFAZOLIN SODIUM

(LYOPHILIZED)

Injection: 250 mg, 500 mg, and 1 gram vials

**Most infections can be treated with 500 mg.  
or 1 gram of 'Ancef' every 8 hours.**

Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary.

**Indications:** Ancef<sup>®</sup> (sterile cefazolin sodium, SK&F) is indicated in the treatment of the following serious infections due to susceptible organisms.

**Respiratory tract infections** due to *Streptococcus (Diplococcus) pneumoniae*, *Klebsiella* species, *Hemophilus influenzae*, *Staphylococcus aureus* (penicillin-sensitive and penicillin-resistant), and group A beta-hemolytic streptococci.

Injectable benzathine penicillin is considered to be the drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever.

'Ancef' is effective in the eradication of streptococci from the nasopharynx; however, data establishing the efficacy of 'Ancef' in the subsequent prevention of rheumatic fever are not available at present.

**Genitourinary tract infections** due to *Escherichia coli*, *Proteus mirabilis*, *Klebsiella* species, and some strains of enterobacter and enterococci.

**Skin and soft-tissue infections** due to *S. aureus* (penicillin-sensitive and penicillin-resistant) and group A beta-hemolytic streptococci and other strains of streptococci.

**Bone and joint infections** due to *S. aureus*.

**Septicemia** due to *Str. pneumoniae*, *S. aureus* (penicillin-sensitive and penicillin-resistant), *P. mirabilis*, *E. coli*, and *Klebsiella* species.

**Endocarditis** due to *S. aureus* (penicillin-sensitive and penicillin-resistant) and group A beta-hemolytic streptococci.

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to 'Ancef'.

**Contraindications:** 'Ancef' is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

**Warnings:** BEFORE CEFZOLIN THERAPY IS INSTITUTED, CAREFUL INQUIRY SHOULD BE MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO CEPHALOSPORINS AND PENICILLIN. CEPHALOSPORIN C DERIVATIVES SHOULD BE GIVEN CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS.

SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE EPINEPHRINE AND OTHER EMERGENCY MEASURES.

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**Adverse Reactions:** The following reactions have been reported: Drug fever, skin rash, vulvar pruritus, eosinophilia, neutropenia, leukopenia, thrombocythemia, and positive direct and indirect Coombs tests have occurred. Transient rise in SGOT, SGPT, BUN, and alkaline phosphatase levels has been observed without clinical evidence of renal or hepatic impairment. Nausea, anorexia, vomiting, diarrhea, and oral candidiasis (oral thrush) have been reported. Pain at the site of injection after intramuscular administration has occurred, some with induration. Phlebitis at the site of injection has been noted. Other reactions have included genital and anal pruritus, genital moniliasis, and vaginitis.

**Administration and Dosage:** 'Ancef' may be administered intramuscularly or intravenously after reconstitution. See the package literature for reconstitution procedures.

See the package literature for dosage recommendations.

**How Supplied:** 'Ancef' (sterile cefazolin sodium, SK&F)—supplied in vials equivalent to 250 mg., 500 mg. or 1 gram of cefazolin; in "Piggyback" Vials for intravenous admixture equivalent to 500 mg. or 1 gram of cefazolin; and in Pharmacy Bulk Vials equivalent to 5 grams or 10 grams of cefazolin.

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# OBITUARIES

## Donald G. White, M.D.

Dr. Donald G. White, 47, a South Bend family physician and deputy county coroner, was killed Oct. 30 when the small plane he was piloting collided with another craft over Pulaski County.

Dr. White, a 1956 graduate of the Indiana University School of Medicine, had practiced in South Bend since 1960. He was chairman of the board of trustees of the St. Joseph County Medical Society.

Dr. White was a diplomate of the American Board of Family Physicians, a former chief of staff at St. Joseph's Hospital, and co-director of the family practice residency program at that hospital.

## Thomas Horwitz, M.D.

Dr. Thomas Horwitz, 68, an orthopedic surgeon, educator, researcher and author, died Oct. 31 in Indiana University Hospital.

The former Philadelphian who lived in Indianapolis 30 years had been serving as chief of orthopedics at the Veterans Administration Hospital at the time of his death. He had simultaneously been professor of orthopedic surgery for the Indiana University School of Medicine.

Dr. Horwitz joined the Army Medical Corps after his graduation from Jefferson Medical University in 1932. During his 26-year Army career, he earned the Legion of Merit, the highest military decoration for a physician.

Among his numerous published research works—more than 80 of his articles have appeared in medical journals—is "The Human Notochord: A Study of Its Development and Regression," published early in 1977.

Dr. Horwitz was a Frederick Brown Research Fellow for the Department of Pathology of the Hospital for Joint Diseases in New York and was a Corinna Borden Keen Fellow for the Daniel Baugh Institute of Anatomy at Jefferson Medical University. He was a fellow of the New York Academy of Medicine, the American Academy of Orthopedic Surgeons and the American College of Surgeons.

## Fordyce L. Howe, M.D.

Dr. Fordyce L. Howe, 57, a Fort Wayne general practitioner, died Oct. 13.

Dr. Howe, a 1944 graduate of Long Island (NY) Medical College, had been a member of the Fort Wayne City-County Board of Health's merit board since 1973. He was a former president of Parkview Memorial Hospital, where he died. The World War II Navy veteran had been a staff member of all three Fort Wayne hospitals.

Dr. Howe was a member of the Fort Wayne-Allen County Medical Society and was a Federal Aviation Administration examiner.

## George F. Lawler, M.D.

Dr. George F. Lawler, 80, a retired Indianapolis general practitioner, died Oct. 19 in Bradenton, Fla.

Dr. Lawler retired in 1962 after a 34-year practice in the Hoosier capital. He had moved to Bradenton when he retired.

The World War I veteran was a charter member of the American Academy of Family Practice, the American Medical Association, the Indiana State Medical Association and the Marion County Medical Society.

## William E. Arbuckle, Sr., M.D.

Dr. William E. Arbuckle, Sr., 89, a former Marion County coroner, died Oct. 22 in Indianapolis.

Dr. Arbuckle had been a general practitioner until he retired in 1974. The 1916 graduate of Indiana University School of Medicine became a senior member of the Indiana State Medical Association in 1958 and was admitted to the 50-Year Club in 1966.

## Jesse C. Benz, M.D.

Dr. Jesse C. Benz, 91, died Oct. 18 at the Williams Convalescent Center in Salem.

Dr. Benz had been a general practitioner 57 years. He became a senior member of the Indiana State Medical Association in 1959, and was admitted to the Association's 50-Year Club in 1963.

The 1913 graduate of the University of Louisville Medical School had served several times as a member of the Indiana State Medical Association's House of Delegates until his retirement in 1971.

## Myron L. Curtner, M.D.

Dr. Myron L. Curtner, 88, died Oct. 26 in Good Samaritan Hospital, Vincennes.

Dr. Curtner was graduated from Indiana University School of Medicine in 1911. The life member of the American College of Surgeons and vice president of the International College of Surgeons maintained an active practice in Vincennes until his death.

The general surgeon was a past president of the Knox County Medical Society and became a senior member of the Indiana State Medical Association in 1960. The following year he was admitted to the 50-Year Club.

A Marine veteran of World War I, Dr. Curtner later served in the Army, retiring as a colonel in the Army Reserve. He was the first commander of the American Legion Post in Vincennes.

## James U. Dodds, M.D.

Dr. James U. Dodds, 76, a general practitioner in Hartford City until his retirement in 1976, died Oct. 4 at Ball Memorial Hospital.

Dr. Dodds was a member of the Indiana State Medical Association's 50-Year Club, as well as a 50-year member of the American Academy of Family Physicians.

Dr. Dodds completed his pre-medical studies at the University of Notre Dame and at Indiana University, graduating from Medical School in Cincinnati, Ohio, in 1926.

## Alton C. Grorud, M.D.

Dr. Alton C. Grorud, 67, a South Bend physician, died Oct. 21 in New Orleans.

The graduate of the University of Wisconsin Medical School served his residency in Kansas City, Mo., and Bismarck, N.D. before joining the South Bend Clinic in 1950. He was a former president of the Clinic.

Dr. Grorud was a member of the American Medical Association, the Indiana State Medical Association, the St. Joseph County Medical Society and the American College of Physicians.

# PHYSICIANS' DIRECTORY

## INTERNAL MEDICINE

Offices for the doctors listed below are presently located at 3524 N. Meridian St., Indianapolis 46208. Their telephone number is 317-924-6471. Their location after Feb. 3, however, will be 3130 N. Meridian St., Indianapolis 46208; new telephone numbers are listed in the new telephone directory. The new switchboard number will be 317-927-1221.

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## Letter

### to the editor

Again this year I am compiling a Biting Insect Summary and would appreciate any case reports of unusual allergic reactions, especially systemic (sneezing, wheezing, urticaria), to bites of insects; i.e., mosquitoes, fleas, gnats, kissing bugs, bedbugs, chiggers, black flies, horseflies, sandflies, deerflies, etc.

I would like physicians to supply me with case reports of those patients who have had unusual reactions to such insects. Include in your reports the type of reactions (immediate and delayed symptoms), treatment, the age, sex and race of the patient, the site of the bite(s), the season of the year, and any other associated allergies.

If skin tests and hyposensitization were instituted, I would like the re-

port of both. Please note that it is the biting (not stinging) insect in which I am interested.

If you have found any insect repellent, local treatment or insecticides of value, I would also appreciate this.

Please send this information to the following address:

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**BOOKS WANTED**—History of Medicine in Indiana by Dr. B. D. Myers, published 1956; William Henry Wishard, A Doctor of the Old School, by Elizabeth Wishard, and One Hundred Years of Indiana Medicine, by Drs. Charles Combs and Edgar Kiser. Write or call THE JOURNAL: 317-925-7545.

**FOR LEASE:** Near Naples, Florida, 2 bedroom, 2 bath new condominium on the beach. Phone 317-644-6147, Dr. Paul Worster, 924 Sunset Drive, Anderson, IN 46011.

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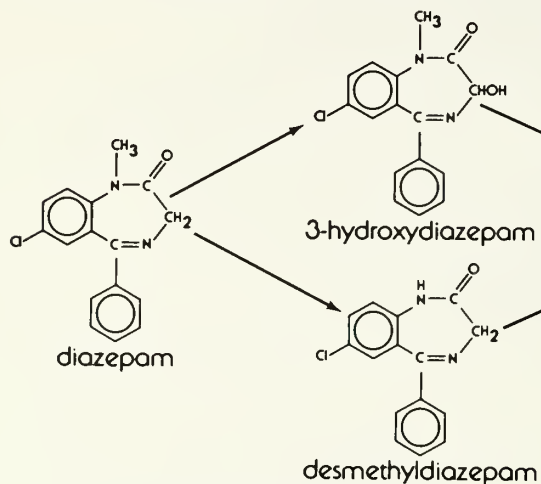
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# MEDICAL MUSEUM NOTES



CHARLES A. BONSETT, M.D., Indianapolis

Steven C. Beering, M.D., Dean of Indiana University School of Medicine, donated the photograph for this month's page of **Museum Notes**. The photograph shows the Physio-Medical College of Indiana at about the turn of the century. The view is looking northwest at the intersection of Alabama and North Streets in Indianapolis.

Holloway's **Indianapolis** states that the structure was erected in 1866 as the Trinity M. E. Church. Hyman's **Handbook of Indianapolis** states that this church combined with the Massachusetts Avenue M. E. Church to form the Central Avenue M. E. Church in 1877, hence making the building shown in the photograph available for other purposes, ultimately housing the Physio-Medical College of Indiana.

This sectarian school was organized in Indianapolis in 1873 and continued in operation until 1909. It became extinct following the union of the three major proprietary medical schools with Indiana University School of Medicine in 1908.

The Physio-Medical College was not without its merit as pointed out by Burton Myers, M.D., in his book **The History of Medical Education in Indiana**. A graduate of this school, Dr. W. A. Spurgeon, of Muncie, served for a number of years as a member of the State Board of Medical Registration and Examination, and, Dr. Myers adds, that on the closing of the school some of its students were admitted to the I. U. School of Medicine. Also, members of the faculty were granted the privilege of lecturing on their theories.

The **Indianapolis Star** for July 16, 1903 shows another photograph of this building. It is being razed to make way for a new and bigger Physio-Medical College. Ironically, the union that would cause the ultimate end of this school had been announced in the **Star** about a month earlier (June 21, page 1):

## OFFER TO GIVE AWAY A COLLEGE CENTRAL COLLEGE OF PHYSICIANS AND SURGEONS MAY BECOME A STATE PROPERTY

### MAY BE MERGED WITH INDIANA UNIVERSITY

## PLAN TO INCREASE THE EFFICIENCY OF THE SCHOOL FOR THE GENERAL GOOD OF THE PROFESSION

If these headlines caused any consternation at the Physio-Medical College of Indiana it was short-lived, as suggested by another headline later in the summer (Sept. 8, page 2):

## JOHNSTON WILL BUILD HOSPITAL

## PROPOSED INSTITUTION WILL BE UNDER CARE OF PHYSIO-MEDICAL COLLEGE

## DOCTOR MADE GOLD STRIKE IN WEST AFTER RECEIVING LOAN FROM COLLEGE FACULTY

The story that follows is like a bit of Horatio Alger:

"Successful in his efforts to finance the new Physio-Medical College Building, Dr. James L. Johnston, Los Angeles, California, has announced his intention of providing a

new hospital to be under the management of the college. . . . Five years ago Dr. Johnston was a member of the senior class of the Physio-Medical College. At his graduation he expressed a desire to go to Los Angeles to practice but did not have the money to make the journey.

"He was a promising student and hearing of his inability to go to Los Angeles the faculty of the college decided to loan Johnston the money needed for a railway ticket. Johnston's gratitude was great and he declared that he intended to make money as soon as he arrived in California and that he was going to do something handsome for the college. The faculty attached no importance to the statement except as coming from a grateful student who had been helped.

"After practicing with success for a few years in Los Angeles, Dr. Johnston invested in the Fern River oil fields and in a year drew out about \$60,000. He then went into mining operations . . . and struck it rich. . . . It was then that he decided to return to Indianapolis and make good his promise."



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### ABOUT THE COVER

WHO'S TEACHING WHO? Dad takes an unexpected break during a winter outing with his daughter on one of Indiana's ice skating rinks. PHOTO COURTESY OF INDIANA DEPARTMENT OF COMMERCE

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## The Uplavici Syndrome

Parasitologists, with an interest in medical bibliography, are well aware of the research on amebic dysentery done some 90 years ago by Dr. Jaroslav Hlava of Prague. The work contained important information on transmission of the disease to laboratory animals, but the chief reason for its fame lies elsewhere. Published in Professor Hlava's native Czech, the article was entitled, *O. Uplavici* i.e., "*On Dysentery*." A German abstract omitted the professor's name and moved the title of the paper into the author's position, thereby creating in *O. Uplavici* perhaps the most perennially cited non-person in medical annals. The original translator even claimed to have corresponded with Uplavici; I suspect there have been others who spoke knowingly of his laboratory and his charming wife.

With the myriads of scientific essays, most of them now by multiple authors, it is not unexpected to find the creation of co-authors where none actually exist. I recall, for instance, a presentation by the late Dr. Howard H. Bradshaw of Winston-Salem, North Carolina, that appeared in a British bibliography as a citation with added authorship, the factitious co-author being N.C. Winston-Salem. Whether Mr. (or Ms.) Winston-Salem has since been cited repeatedly, and whether anyone has engaged him (her) in correspondence, I leave to professional bibliographers. My interest here lies in related forms of the Uplavici Syndrome.

For example, the recent "literature" on costs of health care abounds with the statement that General Motors spends more for health insurance than it does for steel. This is such an arresting statement that many want to believe it, even after a spokesman for General Motors has pointed out that the company has thousands of steel suppliers, the largest one (U.S. Steel) receiving

less from GM than the cost of the health benefits for employees. But the overall GM bill for steel far exceeds its bill for health insurance.

A well-known medical newspaper carried in the same issue months ago both the GM correction of the misstatement, and an additional instance of the incorrect variant of the quotation. The Secretary of HEW has been quoted as if he were unaware of the correct version of the statement.

Such errors would be mere peccadillos if they were not presented by important national figures in the media, in the administration or in federal legislative bodies. As with other pronouncements of these movers and shakers, they command wide attention, especially when the writer or pundit joins the basic misstatement to a statistical extrapolation worthy of von Munchhausen. The records of recent congressional hearings provide an ample source of dubious syllogism and statistics for twisting. Moreover, there are ad hominem attacks on the witness who disagrees with the projected scenario of the hearings, while fulsome praise is heaped on those whose statistics or conclusions fit the declared line of the investigation.

Congressional hearings on manpower have provided a wealth of opportunity for misquotation and misinterpretation, and despite repeated corrections, the record will show continuing errors in this controversial field. Health-care costs are of even greater interest to Congress and the public, and we shall undoubtedly see the allegation that GM's bill for health insurance exceeds its steel bill in publications, hearings and speeches for years to come. In mid-July of 1977, the AMA was attempting once more to set the record straight, this time with Vice-President Walter F. Mondale, who was

CONTINUED ON PAGE 70

## The JOURNAL of the INDIANA STATE MEDICAL ASSOCIATION

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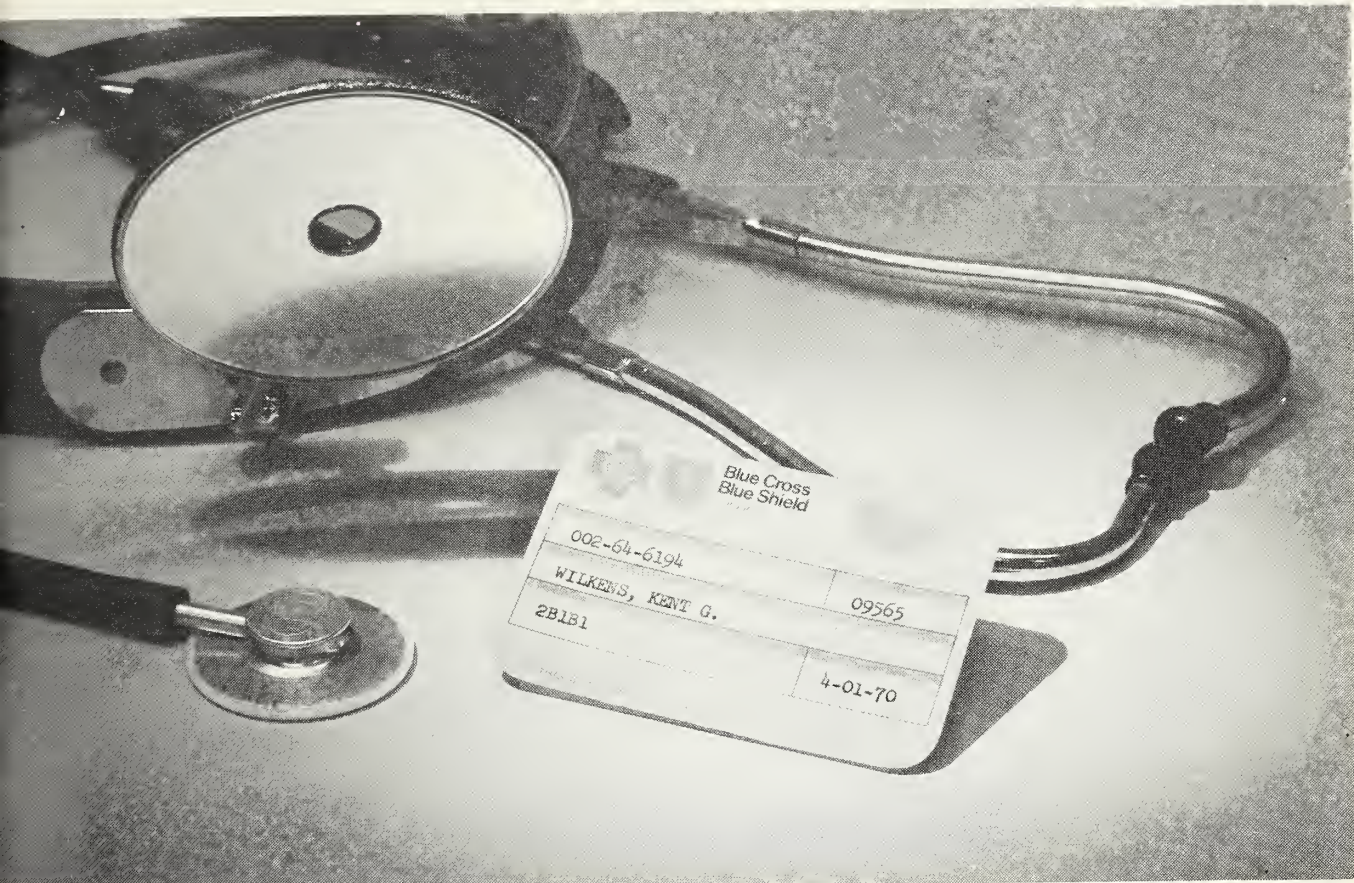
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# EDITORIALS

CONTINUED FROM PAGE 68

quoted as using the incorrect statement during a Washington conference on control of health-care costs.

Over 39 years ago, the life of Dr. O. Uplavici (1887-1938) was chronicled by a scientist from the National Institute for Medical Research in London. Writing in *Parasitology* (30:239-241, June 1938), Dr. Clifford Dobell, F.R.S., presented a delightful memoir of Doctor On Dysentery, attempting to lay to rest the ghost of this mysterious physician once and for all. Will the story of the spurious Czech be duplicated in the kited check for GM's health services, still being quoted in 2027?—From "Director's Memo," in *Bulletin of the American College of Surgeons*, September 1977, vol. 62, no. 9. Reprinted with permission.

## Editorial Notes . . .

The addiction program at the Madison State Hospital treats alcoholics and drug addicts both on an inpatient and outpatient basis. Thirty days is the minimum treatment period. Patients are re-admitted to the program if necessary. In addition to standard methods, biofeedback is utilized for patients who wish it. A recent follow-up report showed that, of the 915 patients treated in the past five years, 24% returned for additional therapy. Of these returnees 17% were for second treatment, 5% for third, 2% for fourth and 1% for fifth or more treatments. At present the voluntary return of a patient is the only indication of the degree of success of therapy. Failures may be included in the group of patients undergoing only one treatment. A more exacting long-range program of evaluation is needed.

Hemodialysis patients numbered some 32,000 in 1976. The forecast is for 53,000 in 1981 and 74,000 by 1986. New designs for dialysis equipment are developing rapidly. Basic equipment cost per year is estimated at between \$25 million and \$38 million. Disposable supplies expressed in millions of dollars is 169 for 1976 and is expected to be 322 in 1981 and 378 in 1986. Big business. The federal program for financing dialysis for all patients who need it is said to encourage the most expensive type of dialysis—\$148 in a dialysis center—\$80 in a self-care unit—and \$66 for the same thing at home.

The Federation of American Hospitals, which represents the proprietary hospitals, has joined with the AMA and the American Hospital Association to form a voluntary program to restrain hospital cost increases. The FAH chairman, Michael Bromberg, points out that one of the handicaps of the voluntary hospital system is the lack of profit motive: "Most people do not

think of health care as a business." However, he says some incentive must be available to make the program work. He favors public accountability. Screening criteria should be adopted and hospitals which do not abide by the agreed-upon standards should be publicized together with statements of reasons and/or justifications.

The American Association of Blood Banks has *Project Lifeline*, a plan of action to protect the rights of Americans to donate blood for their families or the person of their choice. This is an answer to the challenge by the government and the American Red Cross to deprive Americans of this right. A recent survey showed that 80% of people believe that a person should be able to donate blood to a friend or relative—53% would donate themselves for such a purpose. Seventy % think that a deposit to encourage the replacement of blood is fair and reasonable—and this group includes 78% of the people 65 years old or older.

The Veterans Administration health care delivery system has maintained a "zero energy growth" for the second consecutive year. Energy consumption in 1977 was down by 3.27% despite the weather extremes which were 9% above those of 1975 and a 3% increase in gross floor area and air conditioning.

## Costs More, Gives Less

The most recent Gallup poll on public attitudes toward health care showed that individuals rate their own health care highly but have a poor impression of the care for certain groups. Public satisfaction with last visit to a physician is extremely high. A good many people, however, feel that doctors are not sensitive to the cost.

Most were confident that they could pay for ordinary care but only half were confident they could handle the cost of a major illness. The only finding which is without any basis in rationality is that a large majority see a need for national health insurance and gave as the main reason the high cost of the present system.

Throughout modern social history there has always been one indestructible fact—government systems of medical care always raise the cost and lower the quality. Every system of socialized or government medicine in the world has had this same experience. No matter how the bureaucratic health care is administered it costs more and more and gives less and less.

Apparently almost all the citizens who favor national health insurance are motivated by the severely mistaken notion that it will be a more economical method of supplying medical service. The public should be supplied with information about the real facts.

CONTINUED ON PAGE 77

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# WHAT'S NEW?

Science Editors, Inc. announces **Roberts' Handbook of Normal Clinical Values**, a new pocket-sized handbook. It lists normal test values along with variations under each appropriate norm to indicate the presence or absence of specific diseases. Priced at \$6.95—quantity discounts are offered. The address is 149 Thierman Lane, Louisville, Ky. 40207.

\* \* \*

G. K. Hall & Company Publications Division has released **Dx and Rx: A Physician's Guide to Medical Writing**. It is a manual specifically written for physicians who want to write for publication. Author is John H. Dirckx, M.D., the author of **The Language of Medicine**. Price is \$12.95. Write in care of the company at 70 Lincoln St., Boston 02111.

\* \* \*

Plasta-Medic announces an improvement of the plastic bed pan. The addition of an outer rim not only makes the pan more stable and practically untippable but also makes the pans stackable. Fifty of these pans may be stored in a space which would accommodate only 20 non-stackable pans. The material is Marlex polypropylene, famous for its chemical resistance and easy workability.

\* \* \*

Litton Medical Electronics has published a new four-page folder describing the **Servomed Oxy-monitor™**, a system which provides continuous, non-invasive monitoring of the partial oxygen pressure in the blood. It is designed to measure and record oxygenation changes in newborn infants, pediatric patients, and adults in surgery or intensive care. Write the company at 777 Nicholas Blvd., Elk Grove, Ill. 60007.

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Squibb is introducing **TRIMOX™** (amoxicillin), a broad spectrum antibiotic for treatment of infections due to susceptible strains of many gram positive and gram negative organisms. Convenient TID dosage by mouth gives high blood levels. It may be taken with food.

\* \* \*

The Purdue Frederick Company is marketing a new nonacetylated salicylate anti-inflammatory pain killer for treatment of pain and stiffness associated with osteoarthritis and rheumatoid arthritis. The brand name is **Trilisate**. It is Choline Magnesium Trisalicylate. When tested against aspirin, **Trilisate** demonstrates a significantly lesser amount of blood loss from the GI tract. It also is free from other aspirin side effects.

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments and surgical appliances—and book publishers. Each item is published as news and does not necessarily constitute an endorsement of a product or recommendation for its use by **THE JOURNAL** or by the Indiana State Medical Association.

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Final classification of the less-than-effective indications requires further investigation.

**Contraindications:** Glaucoma, prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Physical and psychological dependence rarely reported on recommended doses, but use caution in administering Librium® (chlordiazepoxide HCl) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions) reported following discontinuation of the drug.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.

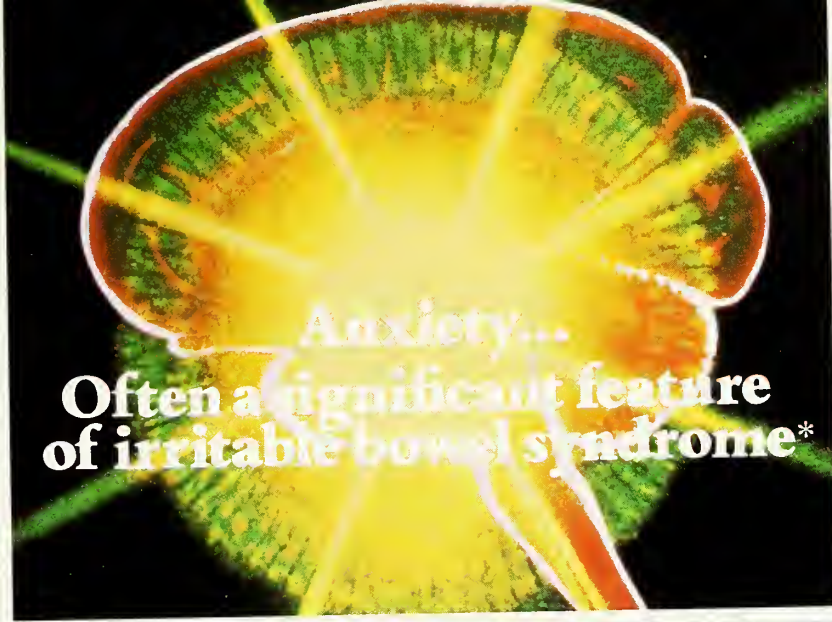
As with all anticholinergics, inhibition of lactation may occur.

**Precautions:** In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established.

**Adverse Reactions:** No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

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### BRIEF SUMMARY Kaon Tablets/Kaon Elixir

#### KAON<sup>®</sup> (potassium gluconate) TABLETS

**Description:** Each sugar-coated tablet supplies 5 mEq. of elemental potassium (as potassium gluconate 1.17 Gm.). Kaon Tablets are sugar coated, not enteric coated, which favors dissolution in the stomach and absorption before reaching the small intestine where the lesions with enteric potassium chloride have occurred. The sugar coating merely adds to palatability and ease of swallowing, not to delay absorption as does the enteric coating.

**Indications:** Oral potassium therapy for the prevention and treatment of hypokalemia which may occur secondary to diuretic or corticosteroid administration. It may be used in the

treatment of cardiac arrhythmias due to digitalis intoxication.

**Contraindications:** Severe renal impairment with oliguria or azotemia, untreated Addison's disease, adynamia episodica hereditaria, acute dehydration, heat cramps and hyperkalemia from any cause.

**Warning:** There have been several reports, published and unpublished, concerning nonspecific small-bowel lesions consisting of stenosis, with or without ulceration, associated with the administration of enteric-coated potassium tablets alone or when they are used with nonenteric-coated thiazides or certain other oral diuretics. These small-bowel lesions have caused obstruction, hemorrhage and perforation. Surgery was frequently required and deaths have occurred. Available information tends to implicate enteric-coated potassium salts, although

lesions of this type also occur spontaneously. Therefore, coated potassium-containing formulations should be administered only when indicated and should be discontinued immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occur. Coated potassium tablets should be used only when adequate dietary supplementation is not practical.

**Precautions:** In response to a rise in the concentration of body potassium, renal excretion of the ion is increased. With normal kidney function, it is difficult, therefore, to produce potassium intoxication by oral administration. However, potassium supplements must be administered with caution, since the amount of the deficiency or daily dosage is not accurately known. Frequent checks of the clinical status of the patient, and periodic ECG and/or serum potassium levels should be made. High serum concentra-

*Time is  
the test of  
all things*



tions of potassium ion may cause death through cardiac depression, arrhythmias or arrest. This drug should be used with caution in the presence of cardiac disease.

In hypokalemic states, especially in patients on a salt-free diet, hypochloremic alkalosis is a possibility that may require chloride as well as potassium supplementation. In these circumstances, Kaon (potassium gluconate) should be supplemented with chloride. Ammonium chloride is an excellent source of chloride ion (18.7 mEq. per Gram), but it should not be used in patients with hepatic cirrhosis where ammonium salts are contraindicated. Other sources for chloride are sodium chloride and Diluted Hydrochloric Acid, U.S.P.

It should also be kept in mind that ammonium cycle cation exchange resin, sometimes used to treat hyperkalemia, should not be administered

to patients with hepatic cirrhosis.

**Adverse Reactions:** Nausea, vomiting, diarrhea and abdominal discomfort have been reported. The symptoms and signs of potassium intoxication include paresthesias of the extremities, flaccid paralysis, listlessness, mental confusion, weakness and heaviness of the legs, fall in blood pressure, cardiac arrhythmias and heart block. Hyperkalemia may exhibit the following electrocardiographic abnormalities: disappearance of the P wave, widening and slurring of QRS complex, changes of the S-T segment, tall peaked T waves, etc.

**Overdosage:** Potassium intoxication may result from overdosage of potassium or from therapeutic dosage in conditions stated under "Contraindications." Hyperkalemia, when detected, must be treated immediately because lethal levels can be reached in a few hours.

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**Description:** Each 15 ml. (tablespoonful) supplies 20 mEq. of elemental potassium (as potassium gluconate, 4.68 Gm.) with saccharin and aromatics. Alcohol 5%.

**Indications:** See Kaon Tablets.

**Precautions:** See Kaon Tablets.

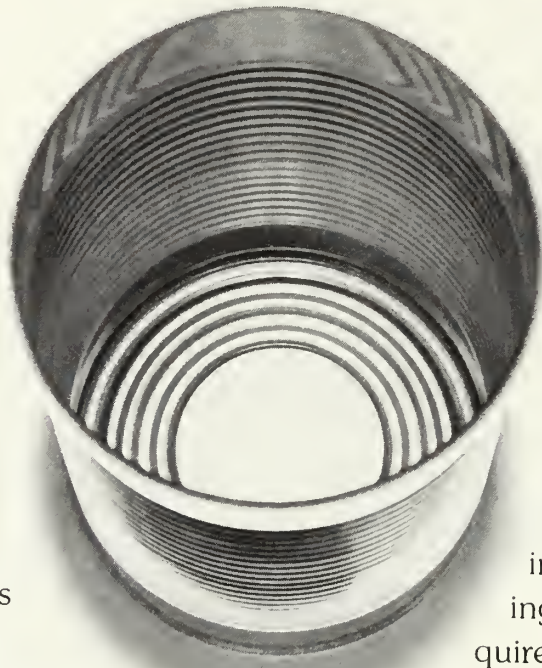
In hypochloremic alkalosis, potassium replacement with potassium chloride (e.g., Kaochlor® 10% Liquid) may be more advantageous than with other potassium salts.

**Adverse Reactions:** See Kaon Tablets.

**Overdosage:** See Kaon Tablets.

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## Guest Editorial

GEORGE T. LUKEMEYER, M.D.

President

Marion County Medical Society

The medical profession is under attack.

Society has set up demands and expectations of the profession which far exceed available resources and capabilities. As a result, a disappointed society has reacted with frustration and hostility and we face disquieting and almost-unrelenting criticism.

This sense of disappointment-near-despair has spawned a growing menagerie of regulatory agencies with a resultant spate of rules, regulations and guidelines, and threats of complete governmental control of medicine.

This rising flood of directives emanating from the various regulatory agencies—whether governmental commissions or bureaus, whether voluntary accrediting bodies or third-party payers—not only threatens our profession, but it questions our professional capabilities and moral latitude.

We know—but society does not seem to recognize—that medicine alone cannot solve major social problems such as violence, accidents, smoking, drug and alcohol abuse, physical inactivity, inappropriate nutrition, ad infinitum. We know that new technologies improve diagnostic and therapeutic capabilities, but carry with them the threats of increasing costs and depersonalized treatment, resulting in more disappointments and despair and criticisms and rules and regulations and restrictions.

Under these circumstances, it is difficult to compose a message of hope and optimism for the coming Holiday Season.

However, medicine is a noble profession and I am convinced that there is cause for faith and hope.

The immediate future of the profession is dependent upon how we conduct ourselves during

these critical times. Medical students, house officers and young physicians will largely determine the long-term future of medicine by the way they care for patients. All of us will be judged by how much we care for patients as well as the quality of the service we provide.

This is an appropriate time to renew our faith and to express our true concern for the health and happiness of all people. I pray that we will meet all our obligations to the people we are privileged to serve.

Robert Louis Stevenson captured the spirit of what I am trying to say when he dedicated one of his own books of poetry:

"There are men and classes of men that stand above the common herd: the soldier, the sailor, and the shepherd not unfrequently; the artist rarely; rarelier still, the clergyman; the physician almost as a rule. He is the flower (such as it is) of our civilization; and when that stage of man is done with, and only remembered to be marvelled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race. Generosity he has, such as is possible to those who practise an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments and what are most important, herculean cheerfulness and courage. So it is that he brings air and cheer into the sick-room, and often enough, though not so often as he wishes, brings healing."

I wish you and all your loved ones a Joyous Holiday Season and a Happy and Healthy New Year.

Reprinted courtesy of The Marion County Medical Society Bulletin, December 1977.

## Hip Bone

### There's a Word for It

RICHARD J. NOVEROSKE, M.D.  
Evansville

The bony pelvis consists of a sacrum and two hip bones.

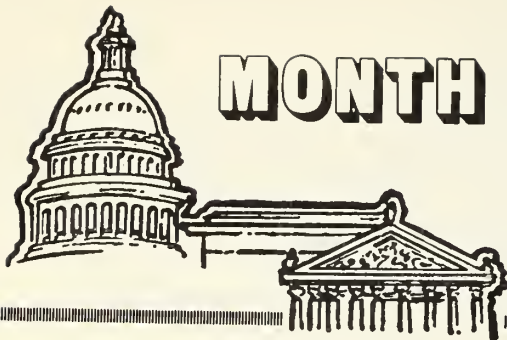
It used to be said that the sacrum and the left and right innominate bones made up the bony pelvis. But several years ago the anatomists started an effort to wipe out the use of the word "innominate" in anatomy. "Innominate" means "unnamed" literally, and it doesn't seem logical to

name something "unnamed" in a naming science like anatomy.

So the anatomists officially changed the name for the fused ilium, pubis, and ischium on each side of the pelvis from "innominate" to "hip bone."

The anatomists should be commended for giving us such a short and apt term.

But "hip bone" doesn't seem to be catching on. Probably because physicians are concerned about getting it confused with the hip joint; the word "hip" is such a common word—it's used by the public at large for something in the region of the hip joint. Concern about being misunderstood seems to keep us from using "hip bone."



# MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and airmailed to The Journal on the first of each month preceding month of issue.

The first session of the 95th Congress adjourned and in its wake left no major new health legislation. Touted as the "most liberal Congress of recent years," its actions on balance with respect to health legislation proved to be more conservative than liberal.

And both the Congress and the Carter White House have left the question of national health insurance (NHI) legislation in 1978 up in the air. Health, Education and Welfare Secretary Joseph Califano has announced Administration proposed NHI legislation may not be ready until 1979.

Shortly thereafter, however, President Carter reassured United Automobile Workers Union leaders and Senator Edward Kennedy (D-Mass.) that a full NHI legislative proposal would be forthcoming in 1978—but reaffirmed his intent to first send Congress a statement of principles, followed shortly by a bill.

But meanwhile, back on the Hill, House Ways and Means Health Subcommittee (the key House committee for enactment of NHI) Chairman Dan Rostenkowski (D-Ill.) has cautioned that spiraling health care inflation must be checked before Congress can enact a NHI program.

\* \* \* \* \*

In an attempt to do something about that spiraling health care inflation noted by Rep. Rostenkowski, three major health organizations have agreed on a sweeping national program to curb hospital rate increases through a private sector review system aimed at encouraging hospitals to seek efficiencies and to spotlight institu-

tions that fall down on the job.

Responding to a challenge from Congress for a voluntary alternative to the Administration's proposed Hospital Cost Containment Act for federal controls, the National Steering Committee has issued a 15-point program featuring a goal of a 2% reduction a year in the rate of increase in hospital costs.

The steering committee was formed by the AMA, the American Hospital Association (AHA) and the Federation of American Hospitals (FAH). In addition to officials of these organizations, members of the committee include officials of the Health Insurance Association of America, the Health Industry Manufacturers Association, the Blue Cross Association, consumer consultant Virginia Knauer, and the U.S. Chamber of Commerce.

At a news conference in Washington, D.C., the members of the National Steering Committee announced their agreement on the 15-point program and urged everyone to cooperate in the attempt to brake the rise in health care spending.

Robert B. Hunter, M.D., chairman of the AMA Board of Trustees and a member of the committee, told the news conference that physicians and hospital personnel share the public's concern over the cost problem. "We believe the problem can be solved voluntarily better than by government intervention."

Michael Bromberg, executive director of the FAH, said the Nation's hospitals will be reviewed openly and the identity of hospitals that are overspending will be made public.

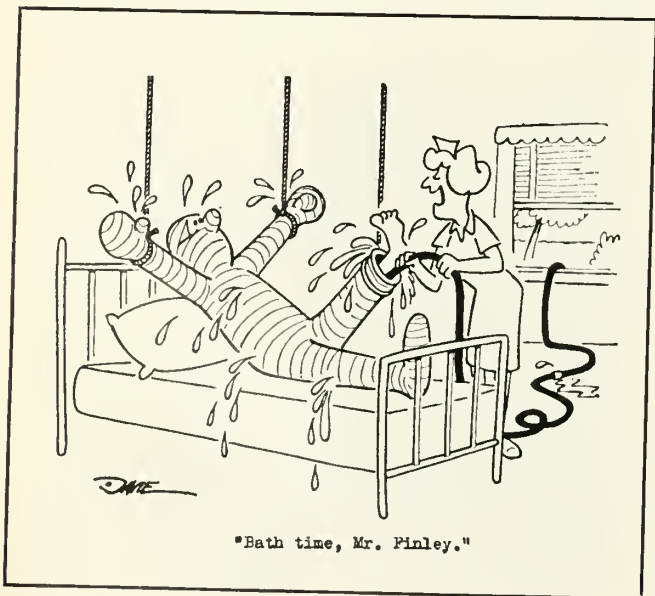
Under the program, each state will have a steering committee which will receive and review monthly data from hospitals on their cost-efficiency progress.

A "very realistic goal" of a 2% reduction annually in the rate of increase over the next two years was set forth by John Alexander McMahon, AHA president. This would slow the rate of increase from the current 13.7% to 11.7% next year and about 9.7% the following year, a level near that of the rest of the economy.

Describing the project as "a more concerted effort than any undertaken before," James H. Sammons, M.D., executive vice president of the AMA, said one of the key programs will be to expand public awareness of the need for cost constraints and cost awareness on the part of consumers as well as providers.

The call for an organized private cost control effort was issued several weeks ago by Rep. Rostenkowski, chairman of the House Ways and Means Subcommittee on Health that had been considering the Administration's plan to impose a 9% cap on hospital revenue

CONTINUED ON PAGE 82



"Bath time, Mr. Finley."

# "TAXECTOMY"

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# NOTES FROM DOWN UNDER

DOUGLAS F. JOHNSTONE, M.D.  
Indianapolis



## PRazosin, A NEW ANTIHYPERTENSIVE

Prazosin is a new antihypertensive which acts by direct vasodilating effect. The drug lacks some of the side effects frequently seen with the other oral vasodilator, hydralazine. In a clinical trial at the Royal Melbourne Hospital, prazosin was used as a third-line drug in patients under treatment with propranolol and a diuretic in whom adequate blood pressure control had not been obtained. Cross over studies employed hydralazine instead of prazosin. The effects on blood pressure were compa-

rable between the two drugs. Prazosin was associated with transient dizziness, tiredness and weakness during the first week of therapy but these effects did not limit use of the drug. The severe postural hypotension referred to as the "first dose phenomenon" was not reported. Prazosin would appear from this study to be a useful antihypertensive with similar potency to hydralazine at corresponding dose levels of approximately 1 milligram prazosin to 20 milligrams hydralazine.

## METHYLDOPA SIDE EFFECTS

The common occurrence of elevated liver enzymes and the infrequent but serious reports of hepatocellular necrosis in patients treated with methyldopa has received much attention. Likewise the immunologic occurrence of Coomb's positivity in a significant number of methyldopa treated patients and the rarer hemolytic anemia is well known. W. Chan at the Princess Margaret Hospital in Christchurch, New Zealand reported the occurrence of a hypersensitivity type reaction manifested by fever, elevated

sedimentation rate, a positive LE prep, a positive antinuclear antibody study, diffuse hypergammaglobulinemia and xerophthalmia in a 65 year old female treated with methyldopa. These findings disappeared upon withdrawal of the drug and reappeared promptly with rechallenge with the drug. Such clinical symptoms and laboratory findings should suggest drug hypersensitivity and are an indication for stopping drug therapy with methyldopa.

## NEONATAL MENINGITIS

The introduction of aminoglycoside antibiotics had led to decreased mortality in neonatal meningitis, most cases of which are caused by enteric pathogens, particularly *E. Coli*. B. R. Lewis of the Prince of Wales Children's Hospital and the University of New South Wales, Sydney, reviewed therapeutic results from this facility. Intrathecal therapy is discussed. In spite of the reduced mortality, morbidity remains excessive with most survivors being neurologic cripples. Early diagnosis is difficult and probably this contributes to the dismal

outcome. Emphasis on prevention includes careful management of the mother with ruptured membranes and awareness of the high incidence of sepsis with procedures such as endotracheal intubation and respiratory support in the neonate. Breast milk contains a high titre of IgA against *E. Coli* antigens and is felt to confer a protective effect since this antibody resists destruction by the digestive enzymes and is effectively absorbed. Breast feeding, even for a few days after birth, probably has definite preventative value.

## NEONATAL JAUNDICE

J. M. Gupta, M.D. of Prince of Wales Children's Hospital, University of New South Wales, Sydney, reviewed the differential diagnosis and treatment of neonatal jaundice. Physiologic jaundice of the newborn is common and is due to multiple factors including a delay in the ability of the liver to conjugate bilirubin, red cell destruction, increased red cell volume and absorption of unconjugated bilirubin from the intestine. It does not appear before 24 hours, peaks at 3 to 6 days and resolves by 7 to 10 days. Unconjugated bilirubin level is less than 12 mg. per 100 ml. and conjugated bilirubin is less than 1.5 mg. per 100 ml. Jaundice within the first 24 hours suggests hemolysis, often due to blood group incompatibility. Hypoxia, hypoglycemia, hypothyroidism and galactosemia are possible metabolic causes of progressive jaundice. Bile duct atresia

and administration of bilirubin competitors such as salicylates or chloramphenicol are additional causes. A pregnanetriol-like steroid in breast milk is an additional potential cause. Kernicterus usually occurs only with unconjugated bilirubin levels in excess of 20 mg. per 100 ml. and may have both immediate and delayed neurologic sequelae. Phototherapy, exchange transfusion and the use of barbiturates in therapy are discussed.

### REFERENCES

1. Hua, Andrew S.P.: Studies With Prazosin—A New Effective Hypertensive Agent II, *Med. J. Australia*, 1977, 2:5-9.
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3. Lewis, B.R.: Present Prognosis in Neonatal Meningitis, *Med. J. Australia*, 1977, 1:695-697.
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## Two Old Stories

### From The Journal 50 Years Ago

**I**N ALL PROBABILITY every physician abhors war and would like to see some plan put in operation whereby wars could be eliminated. However, until human nature the world over changes its present attitude it is the rankest kind of folly to think that we can be safe if unprepared for attacks of jealous, covetous or pugnacious nations. Therefore, the fact that some well-meaning physicians have been led astray by the sentimental pacifist talk of those who intentionally or unintentionally would make us a prey to aggressors, is a cause for considerable regret on the part of many of us who are just as anxious for the abolition of war as they are and who cannot see the consistency or logic of unpreparedness. It would be just as sensible to do without a police force in any city in Indiana as to do without the protection of a well-equipped army and navy. Life and property is safer under protection than it ever would be without protection, and right now, with European nations admittedly having more than ten million men ready to go to war at once, is not the time to talk of scrapping our army and navy in the United States.

**W**HENEVER A PATIENT is unusually profuse in his expressions of appreciation and thankfulness for services rendered, it is a good plan to consider the question doubtful as to the receipt of a fee for services rendered, for experience indicates that the patient who is loudest in his praise of his physician is very apt to be one that is slow pay or never pays at all. As an illustration we know of an instance where a woman praised her doctor profusely and persisted in telling him as well as his assistants that he was a Jesus to her as he had performed wonderful miracles in restoring her to health. At each visit the same story was told, until finally the physician, thoroughly tired of the praises showered upon him and the utter negligence on the part of the patient in paying for the services rendered, in exasperation said to his bookkeeper, "Tell her that Jesus appreciates the worship but would like a check." The picture usually changes when the physician asks compensation for services rendered to a patient who is so profuse in expression of satisfaction and gratitude.

**JISMA, February 1928**

## Answer these questions before you buy your next car.

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**YES NO**
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**YES NO**
- ☐ ☐ 3 Would you prefer to make no down payment whatsoever on your next new car?  
**YES NO**
- ☐ ☐ 4 Would you like to know the advantages of all the new car models comparing them side to side?  
**YES NO**
- ☐ ☐ 5 Would you want possible savings on insurance costs?  
**YES NO**
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# MONTH IN WASHINGTON

CONTINUED FROM PAGE 78

increases. The strong opposition from provider groups as well as some segments of labor that would be affected stymied the controversial plan this year, but Congress still had the issue before it when it returned for its second session last month.

Here is the tentative 15-point program agreed to by the National Steering Committee:

- Creation by state hospital and medical organizations of state level voluntary cost containment committees to develop special action programs for their states.

- Immediate reassessment by all institutions of planned budget and charge adjustments to determine what can be done to shave costs in the short run consistent with sound medical practice.

- Make the overall national goal a 2% annual drop in the rate of expenditure hikes for the next two years.

- Set up guidelines for consideration by hospitals and state committees to identify hospitals where special efforts need to be made to cut costs. Under these guidelines, the top 15% of hospitals projecting the highest increases would be reviewed first, as well as others showing a higher than average rise in expenditures.

- As a national goal reduce significantly the rate of the new capital investment by hospitals over the next two years. Also as a national goal—no set increase in the national total of hospital beds with certain exceptions.

- Request that all hospital medical staffs consider

ways to further tightened utilization review—consistent with sound medical practice.

- Study and development by state committees of programs to improve productivity in hospitals by 2% a year.

- Accelerate current trends to improve the health delivery system through multi-hospital systems, shared services, health maintenance organizations and single and multi-specialty medical groups.

- Notify all concerned of the national program and urge widest support and cooperation.

- Provision of technical assistance programs by the AMA. The AHA and the FAH to assist state committees and hospitals in carrying out the program.

- Urge hospital suppliers to support the program and exercise restraint in pricing.

- Establish a subcommittee on public education to actively involve everyone in the program and to explain it to the public.

- Seek the support of the government.

- Call upon insurance carriers, other purchasers of care, industry and organized labor to examine expanded consumer cost sharing, cost effective alternatives to existing coverages, and to carefully review any substantial expansion of existing benefits.

- Seek a review by government of the cost impact of all existing federal regulations, to be completed by the end of 1978.

## MEDICLINICS

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**EXCELLENT FACULTY, FINEST HOTEL,  
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## Memo from the FDA

**A/Victoria and B/Hong Kong Flu Vaccines:** Vaccines to be used for the 1977-78 season contain the influenza A and B viruses that are currently prevalent and that therefore are most likely to cause illness. An adult dose contains 200 chick cell agglutinating (CCA) units each of A/Victoria and B/Hong Kong.

The vaccine is available in "split-virus" and "whole virus" preparations. Adults and older children develop satisfactory immunity with one shot of either vaccine. Two doses of split-virus vaccine are needed in children less than six years old to achieve satisfactory immunity. Because children and adolescents tend to experience more side effects from flu vaccine than adults, only split-virus vaccines should be given *in two doses* [editorial addition] to persons less than 18 years old.

**Vaccine Use:** Annual vaccination is strongly recommended for adults and children of all ages who have chronic diseases including heart disease, chronic bronchitis, tuberculosis, emphysema, cystic fibrosis, kidney disease, diabetes or other chronic metabolic disorders.

Vaccination is also recommended for older persons, particularly those over age 65, because influenza can lead to death among many persons in this age group.

In addition, vaccination may be considered for persons who provide essential community services, but the decision to immunize these people should be made on an individual basis.

**Side Effects of Flu Vaccine:** Although infrequent, reactions to flu vaccine do occur, usually in the form of fever, chills, headache, muscle aches and soreness at the site of the shot.

These symptoms usually last one to two days. As with any vaccine or drug, severe allergic reactions can occur, but these are rare and are usually due to an allergy to egg protein (flu vaccine is produced in eggs). In addition, Guillain-Barre syndrome, a disease which generally causes temporary paralysis, occurs more often in people who have received flu vaccine than in unimmunized persons. It develops within eight weeks after influenza vaccination in approximately 10 of every million persons vaccinated.

**Pregnancy:** Flu vaccine is not contraindicated for pregnant women, but most physicians generally avoid prescribing unnecessary vaccines and drugs during pregnancy.

Summarized from the current "Recommendation of the Public Health Service Advisory Committee on Immunization Practices—Influenza Vaccine." This memo was released to THE JOURNAL by the Office of Public Affairs, Food and Drug Administration, DHEW.



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## CANCER CORNER

EVERY PHYSICIAN'S OFFICE—  
A CANCER DETECTION CENTER

*(The following is based on an editorial, "Restoring Confidence in Mammography," by Arthur I. Holleb, M.D., editor-in-chief, CA-Cancer Journal for Clinicians, Vol. 26, No. 6, 1976.)*

An eloquent passage from the Hippocratic Oath states a basic precept of medicine: "The regimen I adopt shall be for the benefit of my patients according to my ability and judgment, and not for their hurt . . ." In practice, the art of medicine often lies not only in deciding what is beneficial for the patient and what is harmful, but in evaluating which regimen carries the greatest benefit and the least risk. This is the central issue in the current controversy concerning the advisability of mammography. Unfortunately, recent publicity about mammography guidelines has served more to confuse than to clarify.

The guidelines, which are advisory and not regulatory, are derived from the recommendations of committees appointed by the National Cancer Institute and charged with the responsibility of evaluating the possible benefit of screening to find early breast cancer versus the possible risk of inducing breast cancer by radiation exposure. Three groups of women, all of whom had been previously exposed to high or very high levels of radiation, are the basis for the initial statistical evaluation and subsequent predictions of risk. These women included survivors of Hiroshima and Nagasaki atomic bombings, young women irradiated many years ago for postpartum mastitis, and another group of young tuberculosis patients who had undergone repeated fluoroscopies.

The results of this retrospective statistical study suggest that while there may be a theoretical risk from low-dose radiation exposure (after a latency period of many years), the risk is extremely small for the individual woman. Extrapolating from very large doses to very small doses and indicating that there is no absolutely "safe" dose, it is speculated that if a woman has a mammogram, with approximately one rad absorbed by the breast, her chances of developing breast cancer theoretically change from an expected .07 (7.0%) to .0707 (7.07%). Stated more simply (if these estimates are applicable), her probability of eventually developing breast cancer is said to increase from one in 14.3 women to one in 14.1 women. Any risk, no matter how small,

should not be completely dismissed. At the same time, we must not minimize the risk of spontaneous breast cancer, which remains the leading cancer killer of American women and the leading cause of death in women 39-44 years of age.

The only recognized approach to saving more lives from breast cancer is detection at a localized, highly curable stage, hopefully before the cancer becomes a mass large enough to palpate. Mammography is the only means available today to detect cancer at such an early state. In the Breast Cancer Detection Demonstration Projects of the American Cancer Society and the National Cancer Institute, at least 45% of breast cancers have been detected by mammography alone; the tumors were not found by physical examination. For these minimal tumors, discoverable only by mammography, five-year survival rates of up to 95% have been reported, compared to only about 45-50% when breast cancer has spread to the axillary lymph nodes.

The guidelines advise annual screening for all women over 50 since, in this group, there is no question that the benefits clearly outweigh any minimal long-term risk from radiation. The concept that screening, which includes mammography, has little benefit in women under 50 is based on a 10-year-old Health Insurance Plan study that found no reduction in case fatality rates for screened women in this age group. However, it is noteworthy that the HIP study also showed very few cancers in women under 50 that were detected by mammography alone.

The situation is quite different in the 27 ACS/NCI Breast Cancer Detection Demonstration Projects, largely because mammography techniques have improved vastly over the days since the HIP study was done. At least 233 breast cancers have already been discovered in women under 50 years of age; 100 were detected by mammography alone. If mammography had not been used, these early breast cancers would not have been detected at this time. Of the breast cancers found in the Demonstration projects, the incidence of uninvolved axillary lymph nodes is 79% for women under and over 50, indicating that these patients have extremely early cancers and represent a highly curable group compared to the usual hospital population with breast cancer.

CONTINUED ON PAGE 115

When pain complicates acute cystitis\*

# Azo Gantanol<sup>®</sup>

Each tablet contains 0.5 Gm sulfamethoxazole and 100 mg phenazopyridine HCl

for the pain                      for the pathogens



□ **Early relief of painful symptoms** such as burning and pain associated with urgency and frequency.

□ **Effective control of susceptible pathogens** such as *E. coli*, *Klebsiella-Aerobacter*, *Staph. aureus*, *Proteus mirabilis* and, less frequently, *Proteus vulgaris*.

□ **Appropriate antibacterial therapy:** up to three days therapy with Azo Gantanol, then 11 days with Gantanol<sup>®</sup> (sulfamethoxazole), 0.5 Gm tablets.

\*Nonobstructed; due to susceptible organisms

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** In adults, urinary tract infections complicated by pain (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms (usually *E. coli*, *Klebsiella-Aerobacter*, *Staphylococcus aureus*, *Proteus mirabilis* and, less frequently, *Proteus vulgaris*) in the absence of obstructive uropathy or foreign bodies.

**Note:** Carefully coordinate *in vitro* sulfonamide sensitivity tests with bacteriologic and clinical response; add aminobenzoic acid to follow-up culture media. The increasing frequency of resistant organisms limits the usefulness of antibacterials including sulfonamides. Measure sulfonamide blood levels as variations may occur; 20 mg/100 ml should be maximum total level.

**Contraindications:** Children below age 12; sulfonamide hypersensitivity; pregnancy at term and during nursing period; because Azo Gantanol contains phenazopyridine hydrochloride it is contraindicated in glomerulonephritis, severe hepatitis, uremia, and pyelonephritis of pregnancy with G.I. disturbances.

**Warnings:** Safety during pregnancy not established. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been reported and early clinical signs (sore throat, fever, pallor, purpura or jaundice) may indicate serious blood disorders. Frequent CBC and urinalysis with microscopic examination are recommended during sulfonamide therapy.

**Precautions:** Use cautiously in patients with impaired renal or hepatic function, severe allergy, bronchial asthma; in glucose-6-phosphate dehydrogenase-deficient individuals in whom dose-related hemolysis may occur. Maintain adequate fluid intake to prevent crystalluria and stone formation.

**Adverse Reactions:** Blood dyscrasias (agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura,

hypoprothrombinemia and methemoglobinemia); allergic reactions (erythema multiforme, skin eruptions, Stevens-Johnson syndrome, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); G.I. reactions (nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis); CNS reactions (headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia); miscellaneous reactions (drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L. E. phenomenon). Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia. Cross-sensitivity with these agents may exist.

**Dosage:** Azo Gantanol is intended for the acute, painful phase of urinary tract infections. *Usual adult dosage:* 2 Gm (4 tabs) initially, then 1 Gm (2 tabs) B.I.D. for up to 3 days. If pain persists, causes other than infection should be sought. After relief of pain has been obtained, continued treatment with Gantanol (sulfamethoxazole) may be considered.

**Note:** Patients should be told that the orange-red dye (phenazopyridine HCl) will color the urine.

**Supplied:** Tablets, red, film-coated, each containing 0.5 Gm sulfamethoxazole and 100 mg phenazopyridine HCl—bottles of 100 and 500.



Roche Laboratories  
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Nutley, New Jersey 07110

# TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSURE **DYAZIDE®**

Each capsule contains 50 mg. of Dyrenium® (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

## MAKES SENSE

Before prescribing, see complete prescribing information in SK&F Co. literature or PDR.  
A brief summary follows:

### \* Warning

This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

\* **Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

**Contraindications:** Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

**Warnings:** Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum  $K^+$  levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict  $K^+$  intake. Associated widened QRS complex or arrhythmia requires prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

**Precautions:** Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids).

Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum  $K^+$  frequently; both can cause  $K^+$  retention and elevated serum  $K^+$ . Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis.

'Dyazide' interferes with fluorescent measurement of quinidine.

### Adverse Reactions:

Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions;

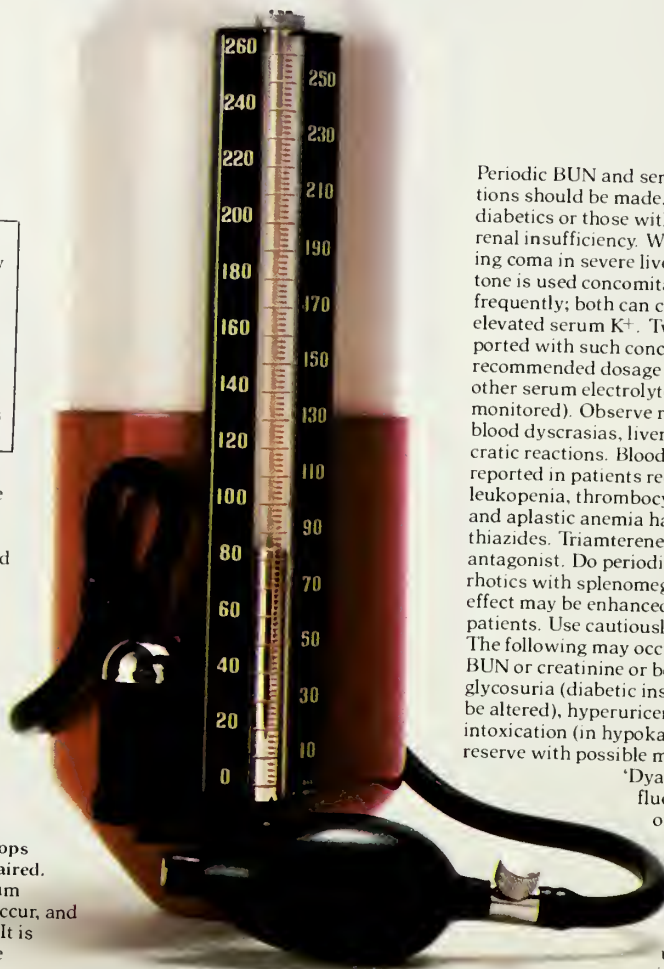
nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

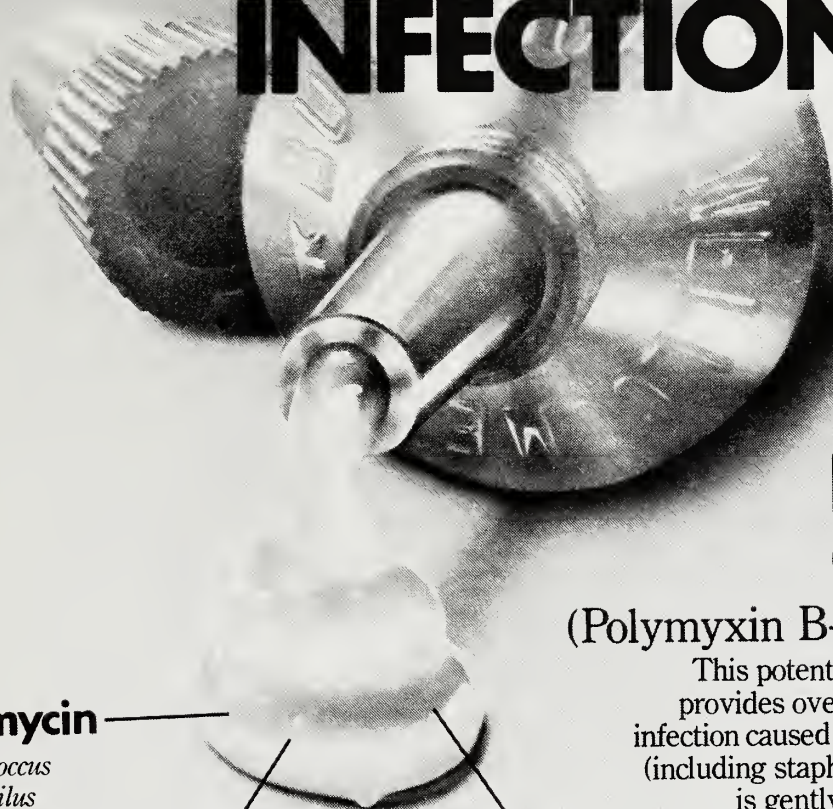
**FOR LONG-TERM CONTROL  
OF HYPERTENSION\*  
SERUM  $K^+$  AND BUN SHOULD  
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(SEE WARNINGS SECTION.)**

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# THREE-IN-ONE THERAPY AGAINST TOPICAL INFECTION



## Neosporin<sup>®</sup> Ointment

(Polymyxin B-Bacitracin-Neomycin)

This potent broad-spectrum antibacterial provides overlapping action to help combat infection caused by common susceptible pathogens (including staph and strep). The petrolatum base is gently occlusive, protective and enhances spreading.

### Neomycin

*Staphylococcus*  
*Haemophilus*  
*Klebsiella*  
*Aerobacter*  
*Escherichia*  
*Proteus*  
*Corynebacterium*  
*Streptococcus*  
*Pneumococcus*

### Bacitracin

*Staphylococcus*  
*Corynebacterium*  
*Streptococcus*  
*Pneumococcus*

### Polymyxin B

*Pseudomonas*  
*Haemophilus*  
*Klebsiella*  
*Aerobacter*  
*Escherichia*

*In vitro* overlapping antibacterial action of Neosporin<sup>®</sup> Ointment (polymyxin B-bacitracin-neomycin).



Wellcome

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## Neosporin<sup>®</sup> Ointment

(Polymyxin B-Bacitracin-Neomycin)

Each gram contains: Aerosporin<sup>®</sup> brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs; in tubes of 1 oz and 1/2 oz and 1/32 oz (approx.) foil packets.

**WARNING:** Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of the body surface is

affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

**PRECAUTIONS:** As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

**ADVERSE REACTIONS:** Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept. PML.

# COLBY PROCLAIMS WOMAN SUFFRAGE

Signs Certificate of Ratification  
at His Home Without  
Women Witnesses.

MILITANTS VEXED AT PRIVACY.

Wanted Movies of Ceremony,  
But Both Factions Are

WASHINGTON, Aug. 26, 1920—  
The struggle for wom-



## TRUMAN CLOSES UNITED NATIONS CONFERENCE WITH PLEA TO TRANSLATE CHARTER INTO DEEDS

### NEW WORLD HOPE

President Hails 'Great  
Instrument of Peace,'  
Insists It Be Used

### HISTORIC LANDMARK

Meeting Gives Standing  
Ovation as Executive  
Pictures Peace Gain

"If we fail to use it," he declared to the solemn final meeting of the delegates, 'we shall betray all of those who have died in order that we might meet here in freedom and safety to create it.'

"If we seek to use it selfishly—for the advantage of any one nation or any small group of nations—we shall be equally guilty of that betrayal."

#### Fervent Interpolation

The President, speaking in the auditorium of the War Memorial Opera House, built in memory of sons of the Golden Gate city who gave their lives in the first World War, in which he himself served, seemed to give unconscious expression to the solemn feeling of the occasion when, at the outset of his speech, he interpolated the words, half a hope, half a prayer:

"Oh, what a great day this can be in history!"

Just before the plenary session the President accompanied the

# Social Security Bill Is Signed; Gives Pensions to Aged, Jobless

Roosevelt Approves Message Intended to Benefit 30,000,000  
Persons When States Adopt Cooperating Laws—He Calls  
the Measure 'Cornerstone' of His Economic Program

## SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution  
is Sent to House, Where  
Passage is Expected

WASHINGTON, March 10,  
1971—The Senate approved  
today 94 to 0, and sent to

WASHINGTON, Aug. 14  
The Social Security Bill, providing  
a broad program of unemployment  
insurance and old age pensions  
and counted upon to benefit  
20,000,000 persons, became law  
today when it was signed by  
President Roosevelt in the presence  
of those chiefly responsible for  
getting it through Congress.

Mr. Roosevelt called the measure  
"the cornerstone of my economic  
program which is being built to  
meet the complete needs of the  
people."

# SIGNED the Draft Ends Now

WASHINGTON, Jan. 27,  
1973—"With the signing of  
the peace agreement in  
Paris today, and after re-  
ceiving a report from the  
Secretary of the Army that

---

# PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

---

*The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.*

*The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.*

## **The Advantages**

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy—and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

## **The Disadvantages**

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information

is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

## **The Solution**

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

**PMA**

THE PHARMACEUTICAL MANUFACTURERS ASSOCIATION  
1155 FIFTEENTH ST., N. W., WASHINGTON, D. C. 20005

# Rupture of Abdominal Aortic Aneurysm into Vena Cava

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GODWIN OKORAFOR, M.D.  
Indianapolis

The rupture of an abdominal aortic aneurysm into the vena cava is an infrequent complication of abdominal aortic aneurysm and it may pose a diagnostic problem. Since the original report of Syme in 1831, several cases of the spontaneous rupture of an abdominal aortic aneurysm into the vena cava have been reported. Mohr *et al*<sup>3</sup>, in a review of the literature in 1975, found 67 cases reported in the English literature, and added two cases from their own experience. In most of the cases reported in the literature, preoperative diagnosis of the rupture with aorto-venous fistula was made. In some cases, however, the correct diagnosis was unrecognized. We are reporting two cases; in one the diagnosis was not apparent until autopsy was performed.

## CASE #1

K.B. is a 60-year-old man transferred from another hospital to Methodist Hospital on Feb. 19, 1977. While on his job early the morning of Feb. 18, 1977, he lifted a stack of dishes, weighing about 40 pounds, and experienced right flank pain. This was followed by mid-abdominal pain. He became weak, sat down, lost consciousness momentarily and fell off his stool. Immediately after this episode, he drove home, sweating heavily. At

home, he felt better and went to bed. The next day, the abdominal pain got worse, accompanied by palpitations. He was admitted to a local hospital and subsequently transferred to Methodist Hospital with a diagnosis of ruptured abdominal aortic aneurysm.

There was no history of alcohol abuse although he had two cans of

beer the night before the onset of abdominal pain. There was no history of hematuria, melena, hematemesis or chest pain. Past medical history includes an appendectomy and hepatitis in 1939. He was told he had a horseshoe kidney at the time. In 1973, he had an automobile accident and suffered multiple fractures of the femur.

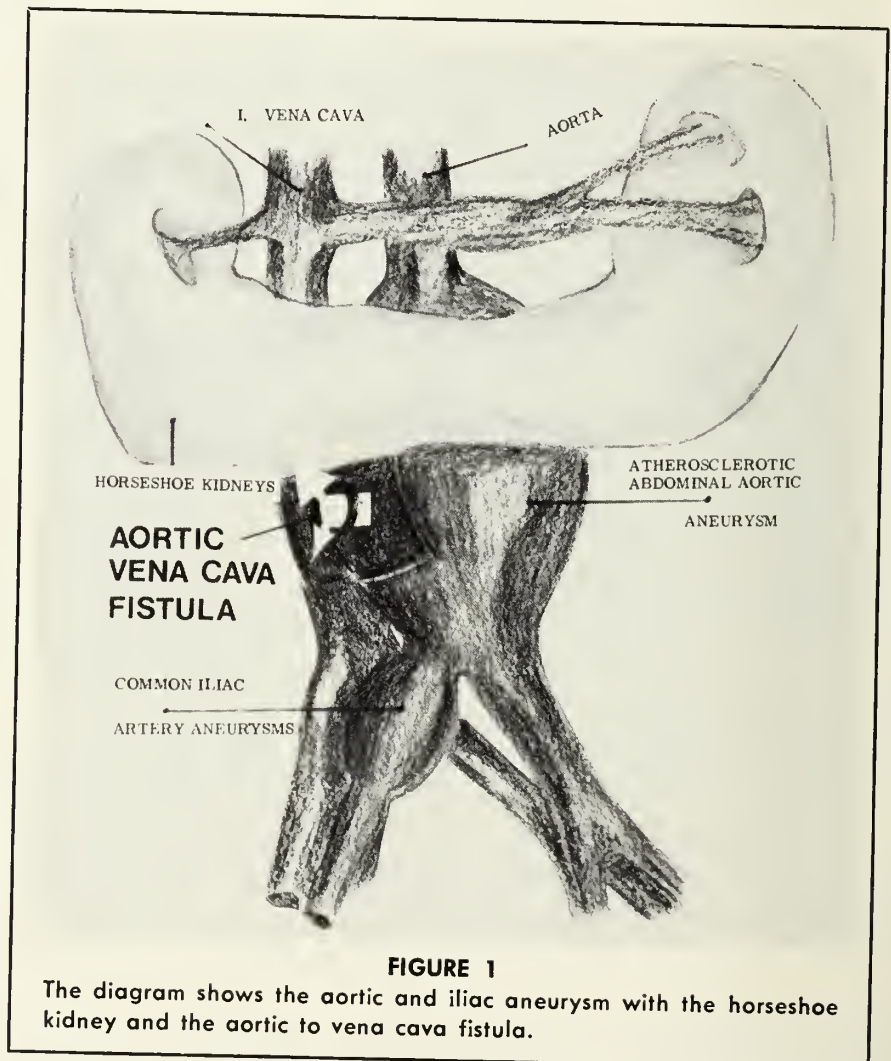


FIGURE 1

The diagram shows the aortic and iliac aneurysm with the horseshoe kidney and the aortic to vena cava fistula.

From the Department of Medical Research, Methodist Hospital of Indiana, Inc., Indianapolis.

This project was partially financed by a grant from the Showalter Fund, Methodist Hospital of Indiana, Inc.

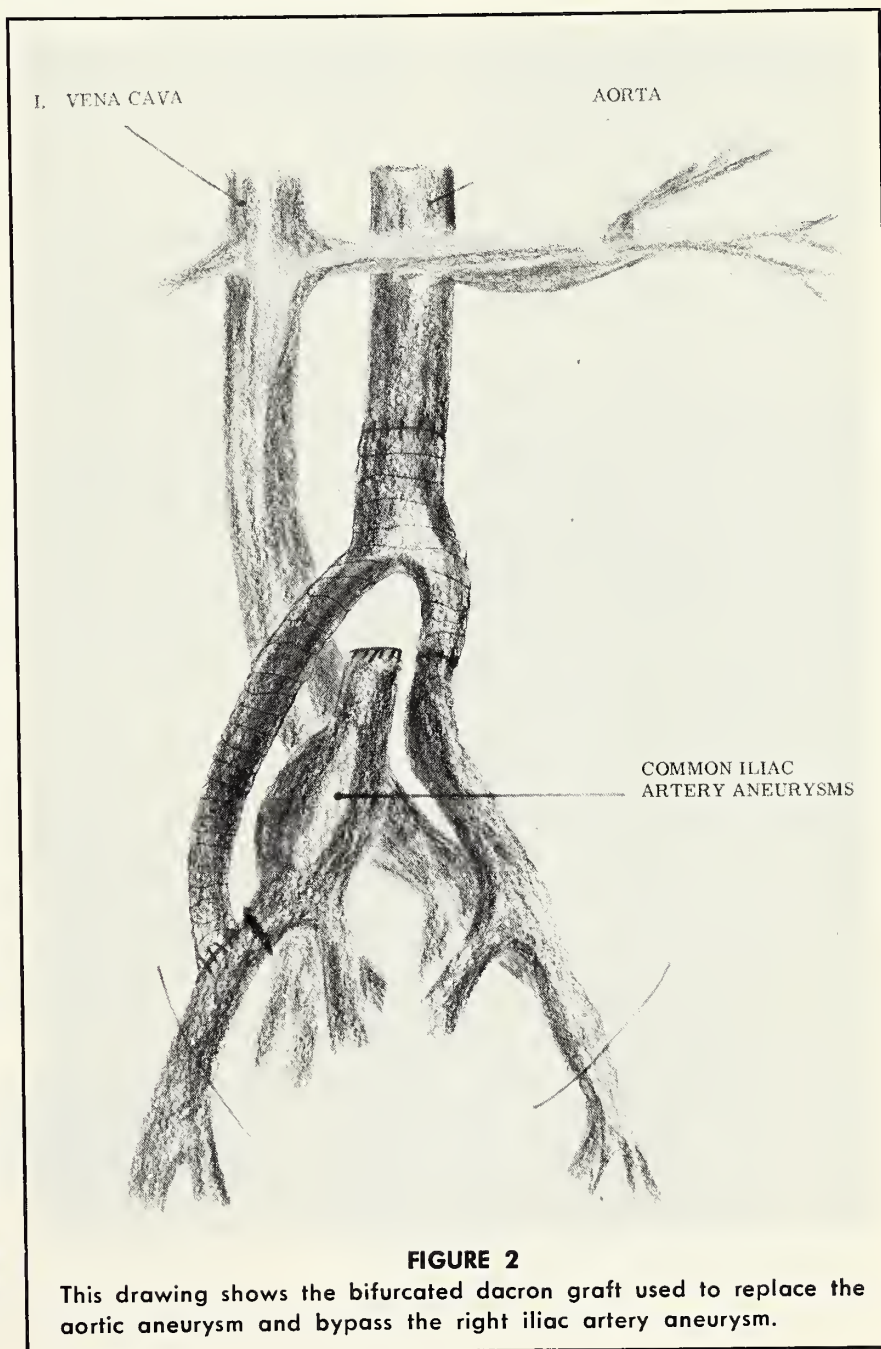
Physical examination revealed a moderately obese man who was cyanotic, drowsy and hypotensive. His blood pressure was 90/70, pulse rate 120 per minute and regular, and respiratory rate was 28 per minute. Head, ears, eyes and nose were unremarkable. The neck veins were distended. Chest revealed lungs to be clear to auscultation and percussion. Heart revealed faint heart sounds with tachycardia. There were no heart murmurs. The abdomen was full and a large, pulsating, tender, mid-abdominal mass was noted. The liver and spleen were not easily palpable. Slight guarding was noted but no rigidity. Bruits and thrills were not demonstrated. The peripheral pulses, including carotid, radial, and femoral were present but weak. No pedal pulses were noted. The provisional diagnosis was ruptured abdominal aortic aneurysm. X-ray studies were not done. EKG showed sinus tachycardia. Hematocrit was 37, potassium was 6.7, creatinine 3.1, BUN 39, central venous pressure was 23 mm. He was anuric.

The patient was taken to surgery soon after admission for resection of a ruptured abdominal aortic aneurysm. At surgery, a moderate amount of ascitic fluid was noted with marked engorgement of the liver and marked distention and pulsations of visceral veins. A large abdominal aortic aneurysm (10 x 12 cm) and a right common iliac artery aneurysm (3 x 4 cm) were noted. There was no free blood in the peritoneal cavity. No retroperitoneal hematoma was noted. No evidence of free rupture of the aneurysm was found. A low-lying horseshoe kidney was noted. After prolonged deliberation concerning the best procedure under these circumstances, it was decided to resect the aneurysm.

Proximal and distal control of the aneurysm was achieved after mobilizing the horseshoe kidney to allow access, in the proximal end of the aneurysm. The aorta was cross clamped below the renal arteries. The iliac arteries were clamped. The aneurysm was opened and a

gush of venous blood came out through a vena caval fistula about 2 cms in diameter which up until then was unsuspected. (Fig. 1) The venous bleeding was controlled by digital pressure over the fistula. Several interrupted stitches were then placed within the wall of the aneurysm and the aorto-venous fistula closed. Immediately after this, the systemic blood pressure of the patient rose to normal. The distended liver and visceral vein engorgement that were noted earlier disappeared immediately. The rest of the

operation was performed uneventfully. A bifurcation dacron graft was placed below the renal arteries and passed posterior to the horseshoe kidney. One limb of the graft was placed end to end to the left common iliac artery and the other limb placed end to side to the right external iliac artery. The right common iliac artery was suture-ligated above and below the aneurysm. (Fig. 2) Postoperative course was uneventful and the patient was discharged on the 10th postoperative day.



## CASE #2

M.E. is a 67-year-old retired trucker who was brought to the emergency room in shock on Sept. 17, 1973. The patient gave a three-day history of severe lower abdominal pain, radiating to the back. He had vomited once the previous day. On the morning of admission, he had a syncopal episode with diffuse diaphoresis. There was no history of alcohol abuse although he had tried to drink an alcoholic beverage after the onset of abdominal pain. There was no history of hematemesis, melena or blood in the stool. He had a past medical history of myocardial infarction in 1967. The patient also had left carotid occlusion and had right carotid endarterectomy. He had no symptoms related to his heart at the time of this admission.

Physical examination on admission revealed a well nourished man in a state of shock. Blood pressure was 60 systolic. Pulse 130, faint and regular. Respiratory rate was rapid and shallow. He was cyanotic and extremities were mottled in the upper half of the body. Neurologic examination was grossly negative. Heart sounds were distant. The pulses were present but weak bilaterally, in the carotid, radial, and femoral areas. Pedal pulses were not palpable. The abdomen revealed no bowel sounds. There was a tender, pulsating mass about 15 x 10 cms with a bruit located in the mid abdomen. There was guarding but no rigidity. The initial impression was ruptured abdominal aortic aneurysm, possibly mesenteric vascular occlusion.

He was anuric. Chest x-ray revealed no active chest disease. X-ray of the abdomen revealed normal bowel pattern. Calcification in the aorta was demonstrated in the abdominal x-ray. EKG showed right bundle branch block and inter-lateral myocardial infarction, not acute. Hematocrit 45, BUN 17, creatinine 2.3. Central venous pressure was 30-40 cm/water. Although patient had physical findings

of symptomatic abdominal aortic aneurysm with possible rupture, some of the findings were not compatible with the usual findings in free rupture of abdominal aortic aneurysm, namely, a normal hemoglobin and hematocrit of 14.8 and 45 respectively and a high central venous pressure. However, the patient was subjected to surgery and exploratory laparotomy was performed. At surgery, a 15 x 11 cm abdominal aortic aneurysm was noted with no evidence of rupture. No blood in the peritoneal cavity or retroperitoneal area was noted. A moderate amount of serous ascitic fluid was noted. After an elaborate exploration of the abdomen was performed, it was finally decided that there was no evidence of a rupture of the aneurysm. The pancreas and the adjacent area were noted to be very edematous. Operative diagnosis of acute pancreatitis was made. The pancreas and the adjacent area were drained with several Penrose drains. The aneurysm was not resected. Postoperatively, the patient's condition continued to deteriorate. A few hours postoperatively, he went into idio-ventricular rhythm and then ventricular fibrillation and expired soon after surgery. Autopsy was performed and a large 2 x 2 cm aorto-vena cava fistula was noted. The pancreas was noted to be normal except for mild edema.

## COMMENTS

Most symptomatic abdominal aortic aneurysms rupture into the posterior retroperitoneal space and then into the free peritoneal cavity. Very few rupture into the vena cava or into the renal vein resulting in acute arterio-venous fistula. The clinical diagnosis of a large arterio-venous fistula should be relatively easy. The symptomatology of the widened pulse pressure, venous hypertension, peripheral edema, distal arterial insufficiency and congestive heart failure are well known. When these signs are combined with a triad of systemic hypotension, aortic abdominal aneurysm and a continuous abdominal bruit, the diag-

nosis of aorto-vena cava fistula must be seriously considered. However, a correct preoperative diagnosis was not made in either of our two cases. A lack of physician awareness of this uncommon entity is primarily responsible for this missed diagnosis. The absence of bruits and thrills, which are crucial diagnostic symptoms in our two cases, further obscured the diagnosis. It is assumed that the absence of thrills and bruits may be due to a combination of arterial hypotension and increased venous hypertension which reduced arterio-venous pressure gradients and, hence, the intensity of these symptoms. Also, it has been theorized that the thrombus in the fistulas may have dampened the intensity further.

The proper mode of treatment is surgical correction of the fistula and resection of the aneurysm. Kohlman has stated, based on his experimental findings, that a fistula 1 to 1.5 cms in diameter is invariably fatal. Most aortic fistulas resulting from arteriosclerotic aneurysms are usually large and tend to increase in size rapidly because of the soft, friable aortic wall that forms the fistula margins. Thus, aorto-vena caval fistulas arising from spontaneous rupture of arteriosclerotic aneurysms are rapidly progressing and ultimately fatal.

In the operating room, proximal and distal control of the aneurysm and the vena cava are carried out. Care must be exercised in mobilizing the neck of the aneurysm lest there be embolization of the debris through the fistula and into the lungs. The aneurysm is opened and clots evacuated. The control of the retrograde blood flow from the vena cava can be achieved by pressure on the fistula with a sponge stick or Folev catheter. The fistula is repaired with suture from inside the aorta. The aneurysm is next resected and prosthetic graft placed.

The first case was further complicated by the presence of the horseshoe kidney. This did not pose a major problem to us since we were able to dissect above and below the

horseshoe kidney. Since horseshoe kidneys are abnormal in position, usually lying low in the abdomen, one should bear in mind that the associated structures, namely renal arteries, renal veins and ureters will be abnormal in position and in number. The prosthetic graft may be placed anteriorly or posteriorly to the horseshoe kidney depending upon which position satisfied proper alignment of the graft. Division or resection of the kidney had been done in the certain circumstances but is generally not recommended because of the subsequent extravasation of urine, which may lead to infection. This is a hazard, since in 40% of horseshoe kidneys, there is a chronic infection due to calculosis. Van Gelderen<sup>9</sup> has stated that although the number of cases reported in the literature is small, the findings tend to show that the prognosis of ruptured aneurysm in the presence of horseshoe kidney is not more unfavorable than that of a ruptured aneurysm in the presence of normal kidneys.

## SUMMARY

Two cases of ruptured abdominal aortic aneurysm into vena cava are reported. In the two cases, preoperative diagnosis of the rupture into the vena cava was not made. In one case, the aneurysm was not resected during exploratory laparotomy and the patient died postoperatively. The second case posed preoperative and intraoperative diagnostic problems but the aneurysm was resected and he did well postoperatively and was discharged. The case that was resected had a horseshoe kidney which technically did not create any problem. The difficulty in making a diagnosis of acute aorto-caval fistula was discussed and symptomatology outlined.

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# CORNUAL PREGNANCY:

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JOHN M. WAMBO, M.D.  
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## A Case Report

A cornual pregnancy is a gestation occurring in that portion of the tube within the wall of the uterus. This condition may result in rupture of the wall of the uterus, with massive intraperitoneal hemorrhage. The diagnosis is seldom made preoperatively.

The following presentation is a 1976 case of unruptured cornual pregnancy, not diagnosed preoperatively. The diagnosis was made at exploratory laparotomy, following two previous attempts at uterine evacuation.



The patient is a 31-year-old, ostensibly gravida 5, para 5, who was seen in the office July 2, 1976, desiring a sterilization procedure. She had an intrauterine device, which had been inserted four years previously.

Her last normal menstrual period had been June 1, 1976, and she had two days of bleeding, June 24

and 25, which she also interpreted as another period. On examination, the string of the IUD was easily seen. The uterus was top normal size, anterior, firm, freely mobile, and non-tender. The patient was scheduled for admission to the hospital on Aug. 4 for a laparoscopic tubal coagulation. She was seen in the office July 8, concerned

about the possibility of pregnancy, and her examination was unchanged. She returned July 23, complaining of cramps similar to those when her flow was about to start. The examination was inexplicably unchanged, but a positive pregnancy test was obtained two days later.

Re-examination in the office on July 26 revealed the uterus to be twice normal size and soft, and the diagnosis of an intrauterine pregnancy of approximately five weeks duration was made. The patient was then referred elsewhere for uterine evacuation.

A uterine suction curettage was performed Aug. 2, and the intrauterine device was removed. Upon review of the pathology specimen, no chorionic villi were seen, and her pregnancy test continued to be positive. Two weeks later another uterine evacuation was performed. This yielded little tissue. At this time, she complained of right lower quadrant pain, which she stated she had experienced occasionally for the past two months. She was seen in our office a few hours after the second suction curettage, and was experiencing generalized lower ab-

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dominal tenderness. There was fullness in the right adnexa, and the uterine fundus seemed to be normal size. Culdocentesis was performed three times and no blood was obtained.

The patient was admitted to the hospital, and early that evening an exploratory laparotomy was performed. This revealed a right cornual pregnancy, illustrated in the accompanying photograph. It was the decision of the operator that it was too large to adequately resect, and a total abdominal hysterectomy and right salpingo-oophorectomy was performed. The appendix also was removed. The pregnancy in the right cornu was confirmed by the pathology report. Her postoperative course was completely uneventful.

## DISCUSSION

The incidence of a cornual pregnancy is about 1% of all ectopic pregnancies, which indicates its rarity.<sup>1</sup>

The diagnosis is difficult to make because the thickness of the uterus, as compared to the thickness of the tube itself, means that pain and rupture are later in occurrence than they would be with tubal pregnancy. When rupture does occur, there is a profound blood loss, frequently leading to the demise of the patient. There has been a report of a perforation of a cornual pregnancy by a uterine sound prior to a uterine evacuation.<sup>2</sup>

Recently a unilateral twin interstitial ectopic pregnancy was reported.<sup>3</sup>

One of the prime factors leading to this patient's exploratory laparotomy was the fact that the pathology specimen from the uterine evacuation revealed no chorionic villi, indicating that the pregnancy had not been interrupted, or that the pregnancy was not within the uterine cavity.

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# COFFEE: Good for What Ails You?

JESSIE M. STEVENSON  
Indianapolis

Coffee, which is said to be over one thousand years old, was first used as a food, then a wine, and finally as a beverage. However, before the little dark berry attained its popularity it had to struggle against political opposition, and religious and medical prejudice. It is largely taken for granted today although its caffeine content correctly places it in the drug category.

There are many legends connected with the discovery of coffee. According to one tradition it was discovered by a Dervish in the year 1275. Pursued by his enemies he had fled into the mountains. Becoming very hungry he gathered some berries from the coffee tree and ate them. He also parched some of them and put them in water to quench his thirst and discovered that the beverage gave him added strength to increase the distance between himself and those pursuing him.

In 1919 an American general said that "coffee with bread and bacon was one of the three nutritive essentials that helped win the war for the allies."

The United States is said to consume 2½ billion pounds of coffee yearly and nearly 10 billion pounds are used throughout the world each year. In 1970 3.2 billion dollars was spent for caffeine containing drinks—coffee, tea and cocoa.

At one time in Constantinople if a husband failed to supply his wife with an amount of coffee agreed upon per diem, such a failure was considered to be *grounds* for divorce.

Mrs. Stevenson, 77, is a resident of Speedway. In December she was elected to the Speedway Hall of Fame in the Religious and Educational category. She organized the Speedway Chapter of the American Association of Retired Persons in 1970.

Coffee was denounced in the Koran by Mohammed. He claimed it to be an intoxicating drink. However, Pope Clement VII later proclaimed it as a truly Christian beverage.

Coffee drinking may be abused. A person can become addicted to it and therefore, if he discontinues the habit, may experience withdrawal symptoms. Elizabeth Dureux of Savoy, who lived to be 114 years old, used coffee as her principal food. She is reported to have consumed 40 small cups a day. It is also recorded that Voltaire drank 50 cups a day and Honore de Balzac 60 cups. These folk were probably aware of the lethal dosage which is said to be between 70 and 100 cups in a 24-hour period.

There is a difference in caffeine tolerance in individuals, depending on body weight and the presence or absence of food in the stomach. No more caffeine than that contained in 8 cups of coffee a day should be consumed—this must take into account the caffeine found in other items, such as tea, cocoa, candy bars and sometimes other drugs.

Moreover, if a person is taking tranquilizers and drinking coffee at the same time, the purpose of each is defeated as one is to calm the individual and the other acts as a stimulant.

Persons over 60 years of age or those suffering from ulcers, diabetes, high blood pressure or who are given to heart attacks are warned to use coffee in moderation. However, a survey involving 25,000 patients who were predisposed to heart attacks, showed that myocardial infarction is the only common disease connected with coffee drinking.

The actual medicinal value of coffee has been said to be directly attributable to its caffeine content. It stabilizes physical conditions which have been decreased by disease or by other drugs.

The coffee drinking habit is said to have begun in the classical period of Arabian medicine, Rhazes, a follower of Galen and Hippocrates, and the "greatest Arab clinician of his time," is said to be the first medical writer to mention coffee.

An old medical journal and cookbook compiled by a Dr. Chase in the 1800's stated that coffee was a positive cure for typhoid fever. The theory was advanced that typhoid fever was a nervous disease and the coffee, acting on the nerves, was helpful in the early stages before complications set in.

An advertisement in a very old London newspaper stated in reference to coffee: "It much quickens the spirit and makes the heart light-some, suppresseth the fumes exceedingly and therefore is good against headache, prevents cough and consumption and is excellent for the cure of gout, dropsy, scurvy, hypochondria and the like."

However, an Arabian historian thought somewhat differently about the beverage. Although he said it was good against smallpox, measles, the blandy pimples, he cautioned the user to eat sweet meats and butter with it. He mentioned that some "drink it with milk," which he said was an error, such as may bring on danger of "leprosy."

But coffee is coming into its own. It is not thought of as a cure for the diseases for which it was once given credit. There are two specific areas in which it is proving to be of

medical value, and no doubt other uses for it will be forthcoming.

Dr. Robert C. Schnabenberg, a Columbia, S.C., psychiatrist, tested coffee in preference to other drugs on hyperactive children. He gave them a cup of coffee in the morning and another cup at noon. He said that the children tested did as well and some of them even better on coffee than they did on other drugs. Moreover, the side effects caused by the other drugs were eliminated. In his study he also learned that the children living in South American countries where coffee is used instead of milk were not hyperactive.

Coffee is also being used to determine its effect in checking tumors. Chemists at Central Washington State College in Ellensburg, are working with an enzyme called zanthine oxidase. This protein is reported to have a controlling effect on the growth of body cells. One of the chemists, Dr. Meany, associate professor of chemistry, states: "Certain common materials

such as caffeine greatly inhibit the activity of the enzyme which is believed to be associated with cellular growth." Dr. Meany has expressed the hope that further results may prove valuable in testing tumor-producing capabilities of a variety of chemicals commonly ingested by human beings. He said further that there are indications that caffeine in coffee, tea, saccharin and sulfanilamide all greatly inhibit the activity of the enzyme. Meany is also optimistic that the research may not only help in the identification of potential tumor-producing materials but that it will also aid in the treatment of tumor-prone cells.

The coffee trade of the United States, in order to find out the actual truth about coffee, requested the Institute of Technology to conduct an exhaustive study of the subject. Samuel C. Prescott, head of the Institute's Department of Biology and Public Health, said in his report: "It may be stated that, after weighing the evidence, a dispassionate evaluation of the data so

comprehensively surveyed, has led to no alarming conclusion that coffee is an injurious beverage for the great mass of human beings; but on the contrary, that the history of human experience, as well as the results of scientific experimentation, point to the fact that coffee is a beverage which, properly prepared and rightly used, gives comfort and inspiration, augments mental and physical activity and may be regarded as the servant rather than the destroyer of civilization."

Of the three non-intoxicating beverages produced by civilization, namely, the extract of the coffee bean, the extract of the tea plant and that of the cocoa plant, coffee has become the world's leading beverage.

When you have your next cup of coffee, pause to recall the struggle the little dark berry endured to attain its present status. Also be happy that coffee does not cost \$25 a pound as it did when first introduced in England.

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A single 1 gram IV injection produced a mean peak concentration of Ancef<sup>®</sup> of 190 mcg/ml in healthy adult volunteers. After 4 hours, levels of 16.5 mcg/ml were still present.

- IM or IV Dosage Flexibility  
The same dosage schedule can be used for both IM and IV administration.

- Well Tolerated  
Most frequently reported adverse reaction is pain on injection. Please see next page for a complete list of reported adverse reactions. **Use with caution in patients with penicillin or other allergies.**

Please see next page for a brief summary of prescribing information, including indications, contraindications, warnings, precautions, and adverse reactions.

†Data on file, SK&F Medical Department. Tissue penetration is regarded as essential to therapeutic efficacy, but specific antibiotic tissue levels have not been directly correlated with specific therapeutic effects.

**Smith Kline & French Laboratories**  
Philadelphia, Pa.

**ANCEF<sup>®</sup> IV  
IM**  
brand of sterile  
**CEFAZOLIN SODIUM**  
(LYOPHILIZED)

Injection: 250 mg, 500 mg, and 1 gram vials

**SK&F**  
a SmithKline company

# ANCEF<sup>®</sup> IV IM

brand of sterile

## CEFAZOLIN SODIUM

(LYOPHILIZED)

Injection: 250 mg, 500 mg, and 1 gram vials

**Most infections can be treated with 500 mg.  
or 1 gram of 'Ancef' every 8 hours.**

Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary.

**Indications:** Ancef<sup>®</sup> (sterile cefazolin sodium, SK&F) is indicated in the treatment of the following serious infections due to susceptible organisms.

**Respiratory tract infections** due to *Streptococcus (Diplococcus) pneumoniae*, *Klebsiella* species, *Haemophilus influenzae*, *Staphylococcus aureus* (penicillin-sensitive and penicillin-resistant), and group A beta-hemolytic streptococci.

Injectable benzathine penicillin is considered to be the drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever.

'Ancef' is effective in the eradication of streptococci from the nasopharynx; however, data establishing the efficacy of 'Ancef' in the subsequent prevention of rheumatic fever are not available at present.

**Genitourinary tract infections** due to *Escherichia coli*, *Proteus mirabilis*, *Klebsiella* species, and some strains of enterobacter and enterococci.

**Skin and soft-tissue infections** due to *S. aureus* (penicillin-sensitive and penicillin-resistant) and group A beta-hemolytic streptococci and other strains of streptococci.

**Bone and joint infections** due to *S. aureus*.

**Septicemia** due to *Str. pneumoniae*, *S. aureus* (penicillin-sensitive and penicillin-resistant), *P. mirabilis*, *E. coli*, and *Klebsiella* species.

**Endocarditis** due to *S. aureus* (penicillin-sensitive and penicillin-resistant) and group A beta-hemolytic streptococci.

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to 'Ancef'.

**Contraindications:** 'Ancef' is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

**Warnings:** BEFORE CEFZOLIN THERAPY IS INSTITUTED, CAREFUL INQUIRY SHOULD BE MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO CEPHALOSPORINS AND PENICILLIN. CEPHALOSPORIN C DERIVATIVES SHOULD BE GIVEN CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS.

SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE EPINEPHRINE AND OTHER EMERGENCY MEASURES.

There is some clinical and laboratory evidence of partial cross-allergenicity of the penicillins and the cephalosporins. Patients have been reported to have had severe reactions (including anaphylaxis) to both drugs.

Antibiotics, including 'Ancef', should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

**Usage in Pregnancy**—Safety of this product for use during pregnancy has not been established.

**Usage in Infants**—Safety for use in prematures and infants under one month of age has not been established.

**Precautions:** Prolonged use of 'Ancef' may result in the overgrowth of nonsusceptible organisms. Careful clinical observation of the patient is essential.

When 'Ancef' is administered to adults or children with low urinary output because of impaired renal function, lower daily dosage is required (see dosage instructions in the package literature).

A false-positive reaction for glucose in the urine may occur with Clinitest<sup>®</sup> tablets; use glucose enzyme-type reagents.

**Adverse Reactions:** The following reactions have been reported: Drug fever, skin rash, vulvar pruritus, eosinophilia, neutropenia, leukopenia, thrombocythemia, and positive direct and indirect Coombs tests have occurred. Transient rise in SGOT, SGPT, BUN, and alkaline phosphatase levels has been observed without clinical evidence of renal or hepatic impairment. Nausea, anorexia, vomiting, diarrhea, and oral candidiasis (oral thrush) have been reported. Pain at the site of injection after intramuscular administration has occurred, some with induration. Phlebitis at the site of injection has been noted. Other reactions have included genital and anal pruritus, genital moniliasis, and vaginitis.

**Administration and Dosage:** 'Ancef' may be administered intramuscularly or intravenously after reconstitution. See the package literature for reconstitution procedures.

See the package literature for dosage recommendations.

**How Supplied:** 'Ancef' (sterile cefazolin sodium, SK&F)—supplied in vials equivalent to 250 mg., 500 mg. or 1 gram of cefazolin; in "Piggyback" Vials for intravenous admixture equivalent to 500 mg. or 1 gram of cefazolin; and in Pharmacy Bulk Vials equivalent to 5 grams or 10 grams of cefazolin.

**Smith Kline & French Laboratories**  
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## ABSTRACT:

The observed coexistence of torticollis, mandibular asymmetry and incurving of the lower extremity prompted this study of one hundred consecutively born babies. A significant predilection was documented; in that resistance to head turning, initial jaw closure, incurving of the lower extremity, and metatarsus adductus were much more often left sided.

That these asymmetries are sometimes persistent is noted, and the desirability of therapeutic intervention is suggested.

**KEY WORDS:** Anatomical asymmetry, Jaw mesh, Torticollis, Incurve of lower extremity, LOA triad.

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Terre Haute

# Asymmetry of Positional Deformities in the Newborn Infant

The stresses and strains exerted on each human infant in utero and in its traverse ex utero are well documented. Forty years ago, Browne discussed the causation of forefoot adduction, postural torticollis, congenital dislocation of the hip, and other anomalies as they existed in certain children. He demonstrated the fetal positions which he believed produced such results.<sup>1,2</sup> Later, Chapple and Davidson reported their intriguing theory that the "position of comfort" of each fetus determined the orthopedic deformities demonstrable at birth.<sup>3</sup> Jones, in 1968, delineated the possible intrauterine causes for torticollis in infancy and childhood.<sup>4</sup> Hummer *et al* reawakened interest in the coexistence of torticollis and congenital dysplasia of the hip.<sup>5</sup>

The structural changes effected in utero by intra-uterine forces have often been dismissed as inconsequential and transitory. However, the sometime constancy of those changes and their similarity to problems detectable in children and adults has been noted and found intriguing. Connolly *et al* described and differentiated the torsion deformities of the lower extremities and malpositions of the feet. Their recommendations for treatment reflect their expectations of continuing deformities.<sup>6</sup> McSweeney analyzed the reasons for persistent toeing-in of children.<sup>7</sup> Korkhaus has studied asymmetry of the human mandible and maxilla and discovered mirror image asymmetries in the distal bites of two young adult identical twins.<sup>8</sup> Dunn chose the subject of congenital postural deformities for his doctoral thesis and has refined his studies continually. His recent review analyzed the available data pertinent to those deformities, their rates of expected coexistence, and their relationship to the intrauterine environment.<sup>9,10</sup>

But few of these studies designated the differences in degree or frequency of involvement when the left and right sides of the human body are compared.

Accordingly, in this study, 100 consecutively born infants were measured and compared as to asymmetry of head position, jaw mesh, and resting position of their lower extremities.

## METHODS

The infants utilized in this study were born at Union Hospital in Terre Haute, Ind., and were observed and measured for the previously listed conditions within 48 hours of birth. Sick babies admitted directly from the delivery suite to the special care nursery were the only ones excluded from the study. Three observers (a nurse, D.E. [then a medical student], and the

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author) evaluated each infant and recorded their findings.

#### **Torticollis:**

Each infant's head position of comfort was tested, then the presence or absence of resistance to head rotation was noted.

#### **Jaw mesh:**

On which side his upper and lower gums were first to meet on mouth closure was observed for each infant, then the space of separation between the contralateral gums at the time of first impact was measured in millimeters.



**Figure 1**

#### **Incurve of lower extremities:**

In order to measure lower extremity positional differences without there being external pressures on those limbs, each infant was grasped by the trunk and held face down; then the legs were allowed to seek their position of comfort toward the observers (Figure 1). The distance of each heel from the midline of the body as projected between the buttocks and between the labia (or along the scrotal raphe) was measured in centi-

meters. At the same time were measured the angles with the horizontal described by the long axis of each foot—the degrees of internal or external rotation of the foot. A goniometer was used for these measurements. (Figure 1).

#### **Metatarsus adductus:**

Finally, the presence of metatarsus adductus was recorded when the angle of varus exceeded 30 degrees.

### **RESULTS**

#### **Torticollis:**

Of the 52 newborns who favored a position of comfort by neck rotation, 49 favored face and eyes to the right while only three preferred face and eyes to the left. Of those infants who resisted neck rotation, 38 resisted such rotation only to the left, four resisted rotation only to the right, while 10 offered resistance in both directions.

#### **Jaw mesh:**

Table 1 reports the findings that, though 31% of the babies had near symmetry of their maxillary-mandibular gum surfaces, 53% displayed separation of 3 mm or greater on the right side when the left surfaces met, and only 16% showed the opposite asymmetry.

#### **Incurve of lower extremities:**

Table 2 and Figure 1 depict the distance from the midline of the babies' heels when the lower extremities were allowed to fall to their position of rest. Negative distances indicate that the heels have crossed the midline—the lower extremity is internally rotated. The measurements indicate the greater tendency of the left heel to approach or pass the midline.

Table 3 and Figure 1 demonstrate the increased tendency toward internal rotation of the left lower extremity by measurements of the angles of internal rotation of the infant's feet hanging at rest.

#### **Metatarsus adductus:**

Metatarsus adductus was encountered less often than expected. It was observed in four babies in the left foot only and in four others bilaterally.

### **DISCUSSION**

Patterns of positional anatomical asymmetry have been recorded for babies in our nursery for some time. In fact, the term LOA traid had been used to describe the torticollis to the right, jaw mesh to the left, and incurve of the left lower extremity exhibited to some degree by most newly born babies. We were surprised that such expected laterality was not generally appreciated or reported. Hence this study was performed.

The demonstration of such expected asymmetry would of itself be of little moment, if it were shown that the asymmetry were transient and naturally corrected. But these children retain their mandibular asymmetry and these children demonstrate persistent incurving of the lower extremity and continuing spasm of the adductor muscles of the incurving thigh. Might it not be that some of the maladies of growing and grown people stem from this early asymmetry?

The literature offers little discussion as to the laterality of these lesions. However, Dr. John Caffey has reminded us to expect hip dislocation most often in the left hip of white girls.<sup>11</sup> A. Poli had recorded that left sided propensity as early as 1937.<sup>12</sup> Orthopedists expect the right tibia of adults to demonstrate more lateral rotation. And cobblers know that the heel lift required to supplement short leg length is inserted in the left shoe more than 80% of the time. But published data are scanty. In his *Pediatric Orthopedics*, M. O. Tachdjian discusses femoral anteversion in detail. He expects spontaneous correction, but states that an "abnormal angle of anteversion usually does not correct itself after the age of seven years." He does not discuss expected laterality.<sup>13</sup> Dr. Korkhaus finds the measurements of the distal bite as being difficult.<sup>8</sup> Thus data on its symmetry are meager.

At the birth of our 100 patients the presentation was recorded, to evaluate the relationship between

the favored presentation at delivery (left occiput anterior) and the most commonly demonstrated asymmetries. Those presentations are not here reported, because the delivering physicians questioned the validity of their single observation as it pertained to the child's intra-uterine

position.

Further investigation of the described asymmetries, their causes and long-term effects, will be important. Then can we evaluate the need for therapy and establish the best methods and times for intervention.

### JAW MESH

Distance (in mm) Separating Contralateral Maxilla and Mandible  
When Initial Jaw Closure Is:

MM	Left-sided	Right-sided	Equal on both sides
0	—	—	31
0-1	6	6	—
2	30	7	—
3	13	3	—
4	1	—	—
5	3	—	—
Total number of patients	53	16	31

Table 1

### INCURVE OF LOWER EXTREMITIES

Heel Distance Lateral from Midline (in mm)  
(Negative distance indicates that heel crossed midline)

Distance	Right Heel (Number of Patients)	Left Heel (Number of Patients)
-15 or -20	1	6
-5 or -10	14	47
0	42	18
5 or 10	36	21
15 or 20	4	5
25 or 30	2	3
Median distance from midline	+4.35 mm	-2.98 mm

Table 2

### INCURVE OF LOWER EXTREMITIES

Angle of Foot Rotation from Horizontal (in degrees): Number of Patients

Angle	Right Foot (Number of Patients)	Left Foot (Number of Patients)
110 or 120	10	3
130 or 140	37	33
150	24	24
160 or 170	25	36
180 or 190	5	7
Median Angle	142 degrees	159 degrees

Table 3

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### CREDITS

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# Hypertension in the Patient with Renal Failure

An elevated arterial blood pressure is very common in chronic renal insufficiency and almost invariably accompanies such renal parenchymal disorders as chronic pyelonephritis, proliferative glomerulonephritis and polycystic renal disease. The value of antihypertensive drugs in reducing the morbidity and mortality associated with hypertension of *any* cause is well established. Hypertension associated with chronic renal disease is no exception. Not only will adequate blood pressure control decrease the likelihood of cerebral and cardiovascular complications, but also a normal blood pressure preserves renal function. Although an initial decrease in renal function commonly

occurs when untreated hypertension is controlled in patients with chronic renal failure, appropriate management usually results in progressive improvement so that renal function generally exceeds that observed prior to therapy.

Experimental evidence supports the fact that the hypertensive patient with chronic renal failure generally has a congested circulation, expanded extracellular fluid volume and increased peripheral vascular resistance. Extracellular fluid volume may be conveniently assessed by checking for peripheral edema. The presence of edema in the stable patient indicates that total body sodium, total body water, and extracellular fluid volume are elevated. The absence of edema does not rule out an expanded extracellular fluid volume since an excess of 4-5 liters may be necessary before edema becomes manifest. It is true that edema, and hence an expanded extracellular fluid volume, indicates that renal blood flow and glomerular filtration rate are maximal, obviously a desirable state of affairs in the chronic renal failure patient; however, maximal renal function cannot be purchased with uncontrolled blood pressure. Judicious salt-and-water balance, coupled with appropriate antihypertensive drugs, is a therapeutic compromise which assures maximum use from the failing kidneys while minimizing the risk from vascular complications or continued renal deterioration from hypertension.

## THERAPEUTIC GUIDELINES

In patients with renal failure, particular attention must be paid to the state of sodium balance. In patients without edema we generally recommend "salt free" cooking and no added salt to the diet (40-80 mEq Na/day). In the presence of edema, more rigorous sodium restriction may be desirable. Renal function should be closely monitored by means of blood urea nitrogen, creatinine and/or creatinine clearance determinations particularly when changes in the state of sodium balance are contemplated. In some patients excessive sodium restriction may result in a critical decrease in extracellular fluid volume and subsequent decrease in renal function. In order to avoid such complications we routinely advise our patients to weigh themselves upon arising in the morning and to keep a running tally of their weight. In addition, as with any hypertensive patient, the patients should be instructed in the use of the sphygmomanometer at home and should record their supine and standing blood pressures daily.

Oral diuretics are effective adjuncts to antihypertensive therapy in patients with renal failure; however, several points must be kept in mind. Thiazide and chlorthalidone (Hygroton®) have little effect in patients with advanced renal failure (creatinine clearance  $\leq 30$  ml/min) and may have undesirable side effects. The potassium sparing diuretics, spironolactone and triamterene, depress distal tubular sodium reabsorption and inhibit sodium-potassium and sodium-hydrogen

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ion exchange mechanisms. When renal failure is present they may result in potassium intoxication, worsening of acidosis, and further decreases in renal function.

Furosemide (Lasix®), ethacrynic acid (Edecrin®), and metolazone (Zaroxilin®) are effective agents in patients with renal failure. Transient and permanent deafness have been reported with ethacrynic acid. Furosemide appears less toxic in this regard, and is the preferred diuretic in patients with renal insufficiency. By increasing the dosage of furosemide in a step-wise fashion, an adequate diuresis generally occurs even in patients with severe renal failure (creatinine clearance approximately 5-10 ml/minute).

Diuretics alone are seldom sufficient to control blood pressure in patients with renal insufficiency and adjunctive agents are almost always required. Methyl-dopa (Aldomet®) is a drug which depresses the sympathetic nervous system. It is a moderately potent agent which reduces peripheral vascular resistance with little effect on cardiac output. Nevertheless, orthostatic hypotension is usually not severe. Despite accumulation of the drug in patients with advanced renal failure, doses up to 2 gm/day are usually well tolerated. Care must be taken to initiate therapy at a low dose (250 mg/day) since some patients are unduly sensitive. Clonidine (Catapres®) exerts its antihypertensive effect by a central suppression of the sympathetic nervous system. The potency and side effects of this drug are similar to methyl-dopa. Hypertensive crisis following abrupt discontinuation of the drug has been described. If it is to be discontinued, it should be withdrawn slowly. The potency of both clonidine and methyl-dopa can be increased by control of sodium and water retention by concomitant diuretic administration.

Hydralazine (Apresoline®) reduces blood pressure by a direct action on the smooth muscle of peripheral arterioles. Associated with this effect are an increase in heart

rate and cardiac output. Adverse cardiac symptoms such as an aggravation of angina pectoris may occur. In addition, hydralazine is relatively ineffectual when used alone. Propranolol (Inderal®) is a Beta-adrenergic blocking agent that reduces blood pressure by reduction of cardiac output through decreased force of cardiac contraction and heart rate, or by suppression of renin release. These features make propranolol an ideal agent to use in conjunction with hydralazine. Reflex tachycardia is effectively obliterated by the addition of this drug. Propranolol may be used in large doses with little apparent ill effects. We have used 400-600 mg/day in patients with diminished renal function with good results.

Rauwolfia compounds and guanethidine (Ismelin®) are less commonly used in patients with renal failure. Reserpine has a relatively weak antipressor effect in these patients. Side effects such as ulcer disease and depression have led us to avoid this agent in patients with renal failure. Guanethidine has a prolonged action and may accumulate in uremic patients. Disabling orthostatic hypotension complicates its use.

## TREATMENT REGIMENS

With few exceptions, drug therapy is indicated with diastolic pressures in excess of 95 mm Hg. We generally begin with control of sodium balance, coupled with furosemide as necessary and methyl-dopa. The dose of methyl-dopa is advanced to 2 gms in divided doses as necessary. Occasionally patients require and tolerate up to 3 gms. Clonidine 0.1 mg BID may be added to this regimen. Increments may be added until the desired result is achieved or the maximum effective dose of 2.0 mg/day has been reached. Methyl-dopa and clonidine both cause somnolence and occasionally depression. These agents may not be tolerated by some patients.

Another effective combination is hydralazine coupled with proprano-

lol in conjunction with a diuretic. Recently it has been shown that a BID regimen of these agents is equally effective to the six hourly regimens previously employed. We usually begin with 25-50 mgs hydralazine and 20-40 mgs propranolol BID. The daily dose may be increased incrementally until the desired effect is achieved. We have used hydralazine in doses up to 400 mg/day. At such levels, a lupus like reaction may occur; however, the drug has been used safely even in patients with systemic lupus erythematosus. Propranolol should be used with extreme care in patients with heart disease since it may precipitate cardiac failure and should be avoided in the asthmatic. In addition, its sudden withdrawal may precipitate angina.

Patients whose blood pressures are refractory to the above regimens should probably be referred to the care of a nephrologist. In some centers, minoxidil, an experimental vasodilator, is available. This agent is showing great promise in the severely hypertensive uremic patient. Occasionally patients using this drug have recovered sufficient renal function to enable them to discontinue dialysis. Bilateral nephrectomy for the control of malignant hypertension in dialysis patients is becoming less common since the introduction of this drug.

Malignant hypertension (diastolic pressure  $\geq$  150 mm Hg with progressive end-organ damage) should prompt admission to the hospital, preferably to an intensive care unit. Nephrological back up, including dialysis facilities, are *highly* desirable. Diazoxide (Hyperstat®) and sodium nitroprusside (Nitride®) are both effective in the uremic patient. Severe or malignant hypertension must be treated promptly and aggressively, regardless of the level of renal impairment. Renal function must be monitored carefully throughout therapy with full knowledge that a reduction in blood pressure may cause at least a transient further reduction in renal function.

# One Doctor's Rx for a Malpractice Lawsuit: COUNTERSUE

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All physicians fear the malpractice lawsuit. For many doctors these lawsuits, regardless of their merit, bring about higher insurance premiums, lost income and other woes. Thus, H. Grady Edwards, M.D., Terre Haute, Ind., could hardly expect that anything favorable would result from the malpractice lawsuit filed against him by a patient. However, Dr. Edwards resolved to wage a legal battle against his accuser. The doctor took the offensive. And, more significantly, he won. Here is his story.

The battle by Dr. Edwards, a urologist, began Feb. 28, 1975, when he was sued for alleged malpractice. A prostatectomy with vesical neck y v plasty was performed to relieve the patient of 2,000 cc retention. The operation resulted in complete emptying with good control. According to the patient's complaint, Dr. Edwards failed to inform the patient that impotence could result from the prostatectomy performed by Dr. Edwards upon the patient. The patient, 59, further alleged that the doctor negligently performed the operation, thereby rendering the patient impotent. The patient's wife joined in the lawsuit, alleging that she had lost the love and affection of her husband.

In Dr. Edwards' eyes, all of this was preposterous. The simple reason is that the patient was impotent *prior* to the operation and this could easily be established by the records of Dr. Edwards and of a second physician. The patient had received treatment for his impotence

prior to the operation and this treatment had failed to help him. Furthermore, for some months before the operation Dr. Edwards, as well as a second physician, had treated the patient for his impotence. Thus, how could the patient truly claim that the operation caused his impotence when documentary evidence readily could show he had been treated for this condition long before the surgery?

With these troubling circumstances in mind, Dr. Edwards telephoned his patient upon notification of the lawsuit. The physician reminded him that he was impotent prior to the operation which the patient had now alleged caused the impotence. Unbelievably, the patient acknowledged his prior impotence, but added the comment that this condition was not doing his young wife any good!

This gratuitous comment helped to bare the scheme underlying the lawsuit. Here was a patient suing his physician for allegedly bringing about the patient's impotence, when the patient himself had acknowledged that this impotence existed prior to the operation in question. Hence, it is no small wonder that a thunderstruck Dr. Edwards resolved to fight back against this accuser.

But what could Dr. Edwards do? For the moment he simply bided his time. However, his hope was that somehow the law could provide him a remedy.

In all other respects, the Plaintiffs' lawsuit proceeded in a manner similar to the typical civil lawsuit. Both sides undertook discovery. This discovery process revealed that the patient was a former coal miner, now disabled. He was suffering and had suffered from a long list of ailments. These included pneumonia,

emphysema, chronic bronchitis, dizziness, black lung, vitamin deficiency, hypertension, anemia, mental depression, urinary tract ailments, blood circulatory problems, general physical weakness and debility from a pelvic injury received in an old mining accident.

Notwithstanding this catalog of frailties, the patient's wife testified at deposition that the couple had engaged regularly in sexual intercourse in the years leading up to the operation. In fact, she could recall the specific date on which they last accomplished intercourse. This date, she said, was three days before the operation in question. The patient gave similar testimony in his pre-trial deposition, stating that they were engaged in regular intercourse at a frequency of about twice a week. His testimony corresponded with his wife's concerning the last date on which they accomplished intercourse.

However, this deposition testimony did *not* correspond with certain other evidence, both testimonial and documentary. As previously described, contrary evidence revealed that the patient was treated for impotence well before the operation. Specifically, about four months prior to the operation, Dr. Edwards had treated this patient with methyltestosterone in an attempt to remedy the patient's impotence. Such treatment continued for the next few months until it was suspended, shortly before the operation, due to the patient's lack of response to the drug therapy. Thus the record established unequivocally that the patient had undergone treatment for his ailment *prior* to the time of that medical operation which he would later allege caused his impotence. The medical records further showed that the treat-

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ment by a family physician took place about six months before the operation and testosterone I.M. was administered over a sufficient period of time, without success.

To recapitulate, the patient alleged that the operation performed by Dr. Edwards caused him to become impotent. The patient and his wife gave deposition testimony to the effect that the patient was sexually active up to the time of the operation. Opposed to this testimony were the medical records of two physicians clearly indicating that the patient was impotent prior to the operation and, moreover, had received medical treatment for this condition. Stacked on top of this was the patient's own astounding statement to Dr. Edwards that the patient knew he was impotent prior to the surgery, yet had sued Dr. Edwards nonetheless.

Now for the counterattack.

Step by step with the prosecution of the Plaintiffs' lawsuit, Dr. Edwards had fostered the idea of a countersuit. At his own expense he hired legal counsel to determine whether a countersuit would be worthwhile. This personal attorney participated in the case in addition to the defense counsel hired by the malpractice insurance company.

The doctor's personal attorney reviewed all the events leading up to the Plaintiffs' lawsuit and concluded that reasonably and probably there was only one real motive behind the patient's lawsuit. The patient, it was theorized, was humiliated and embarrassed by his impotence. This impotence most likely could have resulted from several causes, as is indicated by the patient's age and his long list of physical ailments. Rather than acknowledge that the cause of the impotence was physiological, the patient sought an external cause. This external cause conveniently appeared in the form of the prostatectomy and in the person of Dr. Edwards. Thus, if the patient could successfully point his finger at Dr. Edwards, this would help to relieve the patient's humiliation and em-

barrassment at not being able to perform sexually. This theory fit hand-in-glove with the patient's telephone remark to Dr. Edwards that the patient knew he was impotent, but that this condition was not "doing his wife any good."

Once this analysis was made of the patient's lawsuit, the next step was to select the appropriate means to remedy the wrong suffered by Dr. Edwards. Obviously, a lawsuit against the patient was in order, but what particular legal theory would serve as the basis of the suit? After some thought, Dr. Edwards' counsel decided that the injury suffered by the physician could best be remedied on the basis of a lawsuit akin to common law "abuse of process." The textwriters tell us that an action for abuse of process will lie when someone uses legal process against a second person to achieve a purpose for which that legal process is not designed. This closely described the patient's behavior. The patient's lawsuit, the doctor would allege, was initiated by the patient simply to shift the blame for his impotence from his own shoulders to those of the doctor. By this shift the patient would be relieved of some of his humiliation and embarrassment. However, lawsuits obviously are not designed simply to permit a humiliated and embarrassed patient to recover a measure of his self-esteem, irrespective of an actual and cognizable injury allegedly caused by the physician.

A counterattack based upon a suit for alleged abuse of process had an added attraction. This suit could be asserted as a counter-claim against the patient in the patient's own malpractice lawsuit. In other words, the counterattack could be launched in advance of a final determination of the suit for alleged malpractice. A suit for "malicious prosecution" was another alternative open to the doctor, but this could only be maintained after resolution of the patient's malpractice suit to the doctor.

Proceeding with the counterattack, the personal attorney for

Dr. Edwards filed a motion for Court permission to file a counterclaim against the patient and his wife. A copy of the actual counterclaim was attached as an exhibit to the motion. The court granted the motion. Thus, both the malpractice lawsuit and the counterclaim for alleged abuse of process would be resolved at the same time and in the same courtroom.

The actual trial of the case took two days. In short, the patient's lawsuit was demolished by the medical evidence which showed that the patient was impotent prior to the operation. In fact, after the trial had progressed to the point where all the evidence was before the judge and the jury, the judge abruptly withdrew the case from the jury and ruled in favor of Dr. Edwards both upon the malpractice claim and the counterclaim. The judge also awarded the physician damages in the amount of \$100. This ruling apparently represented the judge's attempt to compromise the issue of liability and damages. The judge, perhaps, wanted to appease the physician on the issue of liability, but also wanted to spare the patient against a large financial award in favor of the doctor. At least one member of the jury later expressed the desire to award Dr. Edwards a large sum of money. This compromise proved to be satisfactory as neither side appealed.

Obviously, the damages recovered by Dr. Edwards were insufficient to recompense him fully for his injuries. However, this case may serve as a warning to patients who believe that a malpractice lawsuit is the proper prescription for any and all "ailments." Since the verdict, this writer has had six cases of malpractice voluntarily dismissed by the patients . . . without payment of any settlement. There is a crying need to balance the legal scales between patients and physicians. Perhaps this case and others like it will encourage the development of new and better ways to give doctors some needed relief.

# Notes on Thyroid Disease

JOHN R. FRANK, M.D.  
Valparaiso

**I**nsufficient production of thyroxine by the thyroid gland is usually due to a lack of the necessary trace element iodine. When thyroxine production is low enough to produce physical findings the condition is known as myxedema.

Slight or moderate degrees of myxedema are difficult to diagnose because the deficiency develops slowly and the symptoms, unless severe, and sometimes even when severe, are not appreciated by the patient. Frequently patients suffer from the consequences of low thyroid function for months and even years, before the condition is evident. Letters from patients to health columnists and to practitioners are often eloquent testimony to the relief and improvement which is achieved by treatment of myxedema.

Thyroxin, which helps the enzymes in the body's metabolism in relation to utilization of oxygen, produces dramatic results. However, in the case of deficient thyroxin supply the physical results are insidious in onset and may be unperceived unless the physician practices a high index of suspicion for states of hypometabolism.

The two thyroid lobes when normal in size and consistency cannot be seen but they can often be felt below the cricoid cartilage and usually to the right of the midline. En-

largement of the thyroid gland may be uniform throughout or may consist of formation of lumps or so-called adenomas.

Embryologically the thyroid cells arise from epithelium at the base of the tongue. The mass migrates down into the neck during development. The tract so formed may later produce thyroglossal cysts. At the age of about 17 weeks the fetal thyroid starts to produce thyroxine. To accomplish this it must have iodine atoms available. When these are in short supply in fetal life or after birth a metabolic deficiency results.

The use of iodized salt (one part iodine in 10,000 parts of table salt) has partially eliminated iodine deficiency states. However, chronic iodine deficiency states in the gland and abnormalities and deficiencies in the hormonal system of the pituitary gland will result in decreased thyroxine production. Another cause of thyroid deficiency is the increase of the body's need for thyroid hormone. This occurs in pregnancy and during adolescence.

In myxedema a jelly-like substance, mucin, is created and accumulates in all tissues of the body. It infiltrates muscle and weakens muscular function. Myxedematous disease of the heart is one of the conditions leading to heart failure. Thickening of the vocal cords with mucin produces a low-pitched voice in women. Thickening of the tissues of the face produce a typical "fat" appearance. Due to hypometabolism the patient gains weight and feels cold all the time.

One of the best and surest tests for myxedema is to pinch the skin of the forearm about four inches above the wrist. Normally the two layers of the skin come completely together—with myxedema they do not. Another sign (not always present) is a thinness of the eyebrows especially in the outer one-third (Levi's sign).

Hypothyroid women are pale and anemic. There is evidence that the thyroid hormone aids in the synthesis of pro-teins, including hemoglobin.

The two main complaints of women with myxedema are: "I'm tired all the time," and "No matter how little I eat, I can't reduce."

The main cause of mental depression, lassitude and sleepiness in menopausal women is the lack of thyroid hormones. Tranquilizing drugs only make the symptoms worse. Thyroid substance or thyroid hormones will, to quote one grateful patient, "make one feel like a different person."

## REFERENCES

1. Williams, *Endocrinology*, 1974, W. B. Saunders Co., Philadelphia.
2. W.L. Green, M.D., "Humoral and Genetic Factors in Thyrotoxic Graves Disease and Neonatal Thyrotoxicosis," *JAMA*, Vol. 235, No. 14, 1976.

Dr. Frank is an ophthalmologist practicing at 23 Lincolnway, Valparaiso 46383.

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### First Aid Treatment

Human skin can become accidentally bonded to itself by a cyanoacrylate adhesive—a strong, fast-setting material which can bond human tissue in seconds. “In the event of such an accident, surgery should never be necessary to separate the bonded skin—simple first aid procedures are the best treatment,” according to Dr. Martin Hauser, Vice President Research & Development, Loctite Corporation (North Mountain Road, Newington, Conn. 06111).

Produced in the United States by several companies, cyanoacrylates are sold widely in the consumer market. Accidents caused by the adhesives should be treated using the following techniques:

**Skin bonds:** Do **not** try to pull the bonded surfaces apart with a direct opposing action. Immerse the surfaces in warm, soapy water. Peel or roll the surfaces apart by using a blunt edge such as a spoon handle. Wash adhesive off the skin with soap and water.

**Eyelid to eyelid or eyeball bonds:** Do **not** try to open the eyes by manipulation. If eyes are stuck together or bonded to the eyeball, wash thoroughly with warm water and apply a gauze patch. The eye will open without further action, typically in

one to four days.

**Adhesive on the eyeball:** Cyanoacrylate introduced into the eyes will attach itself to the eye protein and will disassociate from it within a matter of hours, even if gross contamination has occurred. During the period of contamination before clearance takes place, weeping will occur and double vision may be experienced.

**Mouth:** If lips are accidentally stuck together, apply a stream of warm water to the lips and encourage maximum wetting and pressure from saliva inside the mouth. Peel or roll lips apart gently; do not try to pull the lips with a direct opposing action.

It is almost impossible to swallow cyanoacrylate. The adhesive solidifies and adheres to the mouth. Saliva will lift the adhesive in one-half to two days. If a lump forms in the mouth, position the patient to prevent ingestion of the lump when it detaches.

**Burns:** Cyanoacrylates give off heat on solidification. In rare cases, a large drop may cause a burn. Burns should be treated normally after the lump of cyanoacrylate is released from the tissue as described above.

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## TAX TIPS

LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's lawyer before applying the data in this article to a particular fact situation.

The second change to the federal estate tax inclusionary and exclusionary provisions (in numerical order) which was made by the Tax Reform Act of 1976 concerns section 2036. In brief, section 2036 provided (and still provides) that if an individual makes a gift of an interest in property, during the individual's lifetime, to a trust or to another person, but retains one of three types of interests in the property for one of three types of periods, then the value of the interest which the individual transfers is includable in the individual's gross estate for federal estate tax purposes. The three types of interests which might be retained are: the possession or enjoyment of the property; the right to income from the property; or, the right to designate the person who shall possess or enjoy the property or the right to designate the person who shall be entitled to the income from the property. The three types of periods for which such an interest may be retained are: for the transferor's life; for any period which is not ascertainable without reference to the transferor's death; or, for any period which does not in fact end before the transferor's death.

Despite this broad language of section 2036, the Supreme Court, in *United States v. Byrum*, 408 U.S. 125 (1972), held that section 2036 was not applicable to the situation in which an individual, prior to the individual's death, transferred stock to an irrevocable trust but retained the power to vote the stock. And, to overturn this case law, the Tax Reform Act of 1976 amended section 2036(a) to provide that the words "... possession or enjoyment of, or the right to income from the property ..." include "... the retention of voting rights in (transferred)<sup>1</sup> stock shall be considered to be a retention of the enjoyment of such stock." Thus, after the Tax Reform Act of 1976, if an individual transfers corporate stock to an irrevocable trust, during the individual's lifetime, and retains the voting power to such stock, then the value of the stock (at the appropriate valuation date) would be includable in the individual's gross estate for estate tax purposes.

However, this new provision was immediately criticized because it applies to situations in

which the transferor does not have sufficient voting power to control the corporation involved, and also, because a transferor can escape the effect of the new provision by using various devices to retain indirect voting power, instead of direct voting power, over the stock. For example, it is unclear as to whether the TRA provision is not specifically applicable to the situation in which the transferor owns both voting and nonvoting stock of the corporation and transfers the nonvoting stock to the trust, but retains the power to control the amount of dividends which might be paid on the nonvoting stock, because of the transferor's retention of the voting stock.

Thus, because of the many criticisms of the TRA provision, section 2036 may again be amended (by H.R. 6715)—this time, in two respects. The new provision adds a new subsection to section 2036, namely, section 2036(b). This new provision states as follows.

### "(b) Voting Rights.—

"(1) In General.—For purposes of subsection (a) (1), the retention of the right to vote (directly or indirectly) shares of stock of a controlled corporation shall be considered to be a retention of the enjoyment of transferred property.

### "(2) CONTROLLED CORPORATION.

—For purposes of paragraph (1), a corporation shall be treated as a controlled corporation if, at any time after the transfer of the property and during the 3-year period ending on the date of the decedent's death, the decedent owned (with the application of section 318), or had the right (either alone or in conjunction with any person) to vote, stock possessing at least 20 percent of the total combined voting power of all classes of stock.

"(3) COORDINATION WITH SECTION 2035.—For purposes of applying section 2035 with respect to paragraph (1), the relinquishment or cessation of voting rights shall be treated as a transfer of property made by the decedent.

<sup>1</sup>Due to a clerical error, the word *retained* was inserted instead of the word *transferred*.

CONTINUED NEXT PAGE

## Program on Fire Detectors Available

"Home Fire Detectors: It's Your Life" is the title of an audio-visual program put out by the National Fire Protection Association for the average consumer. The slide/tape format with 80 slides sells for \$35 and gives the basics of heat and smoke detectors as well as an education on ways of minimizing fire hazards. It also provides a good run-down on preparation and rehearsal of escape plans. The address is 470 Atlantic Ave., Boston 02210.

## Dr. Worth Named 'Citizen of the Year'

Dr. C. W. Worth, a retired Milroy general practitioner, has been named "Citizen of the Year" by the Rush County Chamber of Commerce.

Dr. Worth had been active in a drive to build Rush Memorial Hospital, where he served as chief of staff and chief obstetrician. Since he retired he has continued working at the hospital, where he is in charge of the emergency room and serves as hospital anesthesiologist.

## Dr. Feigenbaum Cited by 'Modern Medicine'

Dr. Harvey Feigenbaum, professor of medicine at the I.U. School of Medicine and senior research associate at the Krannert Institute of Cardiology, is one of 11 physicians who received awards for distinguished achievement for 1977 from the publication MODERN MEDICINE.

In recent years Dr. Feigenbaum's ultrasound laboratory has become an international center for clinicians who come to study echocardiography, a new field developed by the doctor as he discovered valuable clinical uses for ultrasound.

## I.U. Awarded Grants for Diabetes, Arthritis

The I.U. School of Medicine has been awarded \$1.7 million in research grants by the National Institutes of Health for diabetes and arthritis research centers.

The school's diabetic center, under Dr. Charles Clark, is one of five in the United States focusing on diabetes. The arthritis center, under Dr. Kenneth Brandt, is one of 14 such research centers in the nation.

## TAX TIPS

CONTINUED FROM PAGE 111

### (2) CONFORMING AMENDMENT.

—Subsection (a) of section 2036 is amended by striking out the last sentence thereof."

As can be seen, the newest provision does not make section 2036 applicable (to the retention of voting rights situation) unless the transferor has the power (either alone or in conjunction with any other person) to vote at least 20% of the combined voting power of all classes of stock of the corporation involved. And, for the purpose of determining whether the 20% control requirement is met, section 2036 provides that the rules of attribution of section 318 are applicable. Thus, the proposed amendment allows a donor to transfer stock to a trust, and retain the voting power, so long as the decedent does not have the power to vote at least 20% of the voting power of the corporation. Obviously, in determining whether the 20% voting power test is met, any "retained" voting power plus "indirect" voting power plus any "attributed" voting power is considered.

Further, the newest provision makes it clear that section 2035 (concerning transfers within three years of a decedent's death) is applicable to the situation in which the transferor had the requisite power to vote stock, at the time of the transfer, but released the power within three years of the transferor's death. Also, the proposed amendment makes it clear that section 2036 applies to the situation in which the decedent did not have the 20% voting power at the date of the transfer of the stock, but acquires the requisite voting power within three

years of the decedent's death.

While the proposed amendment could easily be construed to the contrary, the Report of the House Ways and Means Committee makes it clear that the rule does

"... not apply where the decedent could not vote the transferred stock. For example, where a decedent transfers stock in a controlled corporation to his son and does not have the power to vote the stock any time during the 3-year period before his death, the rule does not apply even where the decedent owned, or could vote, a majority of the stock. Similarly, where the decedent owned both voting and nonvoting stock and transferred the nonvoting stock to another person, the rule does not apply to the nonvoting stock simply because of the decedent's ownership of the voting stock."

However, if, in fact, the decedent exerted such influence over the donee so that the decedent, in effect (that is, indirectly), retained the voting power of the transferred stock, then the value of the stock is includable in the decedent's gross estate—assuming the other tests are met.

The latter quote from the Committee reports should also remind the reader that section 2036 (including the proposed amendment thereto) applies not only to transfers of stock to a trust, but also, to transfers of stock to any other persons (including, for example, relatives of the transferor) if the other conditions of section 2036 are met, for example, the retention of the requisite voting power.

# NEWS NOTES

## Essential Hypertension A-V Production Available

A new teaching module on individualized treatment of essential hypertension, including a narrated slide tape and monograph is now available from Searle Laboratories for hospitals and medical meetings.

This is a 22-minute audio-visual production with 35mm slides and audio cassette. It includes a lecture outline and a 15-page monograph. Copies are available on loan from Searle representatives, or from Searle Laboratories, Box 5110, Chicago 60680.

## Dr. Boen Certified

Dr. Bradley N. Boen, Indianapolis, has been certified by the American Board of Psychiatry and Neurology.

## NFPA Catalog Available

The National Fire Protection Association's 1978 edition of the NFPA Publications and Visual Aids Catalog is now available. It may be obtained free of charge from the Association at 470 Atlantic Ave., Boston 02210.

The book lists 607 titles. New educational publications such as "Exit Drills in the Home" and "Fire Safety for You—a Guide for Handicapped People" are examples of training devices for public use.

## World Medical Games Slated for Cannes

LE QUOTIDIEN DU MEDECIN, a daily medical journal sent to 40,000 French general practitioners, is sponsoring the first World Medical Games, to be held in Cannes June 11-18. Members of the professions of medicine, pharmacy, veterinary medicine and dentistry may enter in any of the many individual or group sports. The program will be rounded out by tournaments including bridge and chess.

Registration and information are available by writing: LE QUOTIDIEN DU MEDECIN, 7, Avenue de la Republique, 75011 Paris, France.

## Koala Center Becomes Blue Cross Contract Provider

Koala Center, a Lebanon, Ind., hospital for the treatment of alcoholism, is now a contract provider with Blue Cross. People having Blue Cross insurance that covers the treatment of alcoholism will be able to seek treatment at Koala Center.

## Four Physicians Elected to Fellowship

Four Indianapolis physicians have been elected fellows of the American College of physicians. They are Drs. William Hoppes, Mohammad Khairi, E. Henry Lamkin, Jr., and Myron Weinberger.

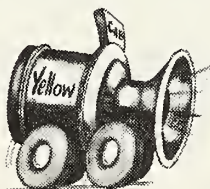


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Yellow Medi-Car service is now available to all persons confined to a wheel chair. If a person is ill, handicapped, physically limited or aged and must use a wheel chair, the new non-scheduled van service of Yellow Medi-Car is available with prior notice or by 24 hour reservation. These new modern vans with a level, hydraulic lift can be used to transport wheel chair passengers to work, shopping, visit relatives and friends, obtain medical treatment or medicine, and to attend church and recreational events.

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# NEWS NOTES

## Center for Handicapped Infants Opens

The first center in the world for handicapped infants has been opened at Riley Hospital for Children in Indianapolis. It was funded by the James Whitcomb Riley Memorial Association.

Infants up to age 1 who have long-term handicaps or illnesses will be placed in the new Parent Education and Preparation Center, which offers a personalized program of care for parents.

## Hospital Medical Staffs Named

**Terre Haute Regional Hospital**—Dr. Wayne Crockett, president; Dr. William L. Veach, president-elect; and Dr. Manuel A. Cacdac, secretary-treasurer.

**LaPorte Hospital, Inc.**—Dr. Rodney A. Mannion, president; Dr. Frank H. Zahrt, vice president; and Dr. Joon S. Kim, secretary.

**St. Francis Hospital, Indianapolis**—Dr. Robert L. Costin, president.

## Medical Education Fund to Honor Dr. Ball

On the occasion of the 100th birthday of Dr. Clay Ball, a retired Muncie physician, his wife Helen contributed to a medical education fund being established in his name at Ball Memorial Hospital. The fund will be used for education endeavors in family practice.

Dr. Ball, who practiced in Muncie 65 years, was chosen Indiana Physician of the Year in 1956 by the Indiana State Medical Association.

## Annual Clinical/Research Fellowship Established

The Little Red Door, Marion County Cancer Society, has established an annual clinical or research fellowship for qualified graduate students working in the field of cancer.

Recipient of the first fellowship will be Miss Marlene Otter of South Bend, who is engaged in a research project on assessing chromosomal abnormalities in leukemia and pre-leukemia in the Department of Medical Genetics at I.U. School of Medicine.

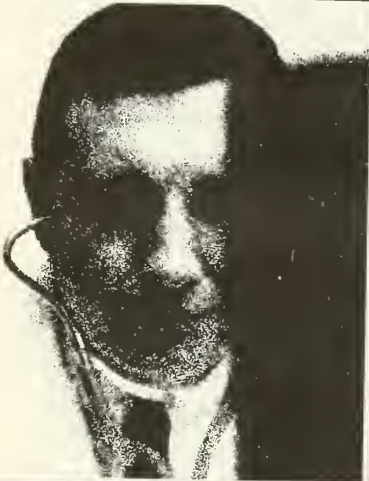
## Dr. Mott Named Medical Director

Dr. William H. Mott, orthopedic surgeon and specialist in emergency medicine, has assumed duties as medical director of the GM Corporation's Guide Division in Anderson. He succeeded Dr. William L. Baughn, who recently retired.

## I.U. Medical Professor Gets Grant

Dr. Lawrence M. Lampton, a professor at the I.U. School of Medicine, has been awarded a two-year grant for research on lung abnormalities.

Dr. Lampton's research, funded by the American Lung Association and American Thoracic Society, focuses on how hormones and fatty acids regulate body activity and organ functions. The study will help define how the mechanisms work and how they can be controlled.



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# NEWS NOTES

## Dr. McAtee Cited for Achievement

Dr. Ott B. McAtee, superintendent of Madison State Hospital, has received a special award for outstanding achievement from the American Association of Psychiatric Administrators. Only 10 such awards have been presented in the 25-year history of the organization.

## "Bathing Your Baby . . . a touch of love"

Johnson & Johnson have sponsored an informational film for first-time parents. "Bathing Your Baby . . . a touch of love" demonstrates the bathing procedure and answers many questions. It shows the vital role parents play in the development of children. It may be obtained on a free loan basis by writing the makers, Association Films, 866 Third Avenue, New York City 10022.

## Dr. Wigutow Named CME Chairman

Dr. Marcos Wigutow, chief of the psychiatric unit at Gary Methodist Hospital, has been named chairman of Continuing Medical Education for the Northern Indiana Psychiatric Association.

## Air Pollution Film Available

Those who are interested in clean air and wish to accelerate the process of reducing air pollution should take advantage of an offer by the German Information Service for the free-loan of a half-hour motion picture which describes the method utilized by Stuttgart to clean the air at a remarkably low economic price. Titled "Stuttgart—Urban Development and Urban Climate", the film can be borrowed by writing Association Films, 866 Third Ave., New York City, 10022. An official letterhead should be used.

## Congress Approves Reimbursement Bill

The Rural Health Clinic Services bill (H.R. 8422), which authorizes medicare and medicaid reimbursement for physician assistant and nurse practitioner services, passed both House and Senate recently and is expected to be signed.

The statute applies to eligible clinics located in areas designated as having medically under-served populations or as primary medical care manpower shortage areas.

# CANCER CORNER

CONTINUED FROM PAGE 84

Who then should have mammography? Certainly, all women over the age of 50.

For women between 35 and 50, mammography should be done for those who are at higher risk of developing breast cancer because they have:

- chronic cystic mastitis, with or without pain;
- lumps and thickenings in the breast;
- nipple discharge or other nipple abnormalities;
- a personal history of breast cancer;
- a family history of breast cancer on the maternal or paternal side;
- a family history of breast cancer in sisters;
- early onset of menstruation;
- no history of pregnancy;
- first full-term pregnancy at age 30 or older;
- breast surgery scheduled for diagnostic purposes;
- fear of breast cancer that requires the reassurance of a negative examination.

Clinicians report that approximately 80% of women between 35 and 50 will belong to one or another of the above groups that can benefit from mammography.

The remaining women who are 35-50 years old and those under 35 who have no particular breast problem should be taught the proper technique of breast self-examination and urged to perform it regularly every month. In addition, periodic clinical examinations are warranted. However, many diagnostic radiolo-

gists and breast cancer specialists believe that even totally asymptomatic women 35-50 years of age and those under 35 with a specific breast problem should have at least a baseline mammogram that can be used for later comparisons.

Sadly, many American women have been frightened into believing that mammography represents only a danger, rather than a benefit. This has led a considerable number of women, both over and under 50, to refuse mammography in the presence of symptoms and obvious physical findings and even prior to breast surgery. Any lost opportunity for the early diagnosis of breast cancer with its more favorable prognosis must be the current great concern of all physicians.

Of course, the minimum dose required for good mammography should always be used. New equipment is already reducing radiation exposure to extremely low levels that are only a small fraction of the dosage needed 10 years ago.

Breast cancer is so serious a problem, and mammography so valuable a clinical diagnostic aid, that judgments based on fragmentary, tentative or inconclusive data should be avoided. Dr. Francis D. Moore, Moseley Professor of Surgery at Harvard, discussing mass screening for breast cancer by mammography in the September 1976 issue of *ANNALS OF SURGERY*, stated: ". . . One woman in the prime of life found to have an unsuspected cancer that's removed when it's very favorable surgically is a triumph." I concur.

## Poynter Center Plans March Conference

The Poynter Center of Indiana University will sponsor a conference on Medicine, Ethics and Public Policy on March 10-11, 1978. The Conference will be held in Bloomington.

Questions about the importance of "quality of life," about the cost and distribution of health care, about proper forms of care for the dying, and about the changing dynamics of relationships among physicians, patients and nurses—all these questions have excited considerable public attention. Yet most of the discussion has generated much more heat than light. Over the past three years the Poynter Center has convened a range of meetings and discussions bearing on these topics.

William F. May and David H. Smith of the IU Department of Religious Studies will make presentations.

For further information, please contact Ms. Linda Bernstein, the Poynter Center, 410 N. Park St., Bloomington, Ind. 47401; (812) 337-2061.

## Annual Breast Cancer Conference Scheduled

The 17th Annual National Conference on the Detection and Treatment of Breast Cancer will be held March 6-9 in San Francisco. It is sponsored by the American College of Radiology and is approved for 29 hours of AMA Category 1 credit. Registration fees vary from \$100 to \$275, depending on whether the registrant attends the entire session or chooses particular days. Registration, hotel and tour information are available by writing Breast Cancer Conference, ACR, 6900 Wisconsin Ave., Chevy Chase, Md. 20015.

## Three-Day Course Offers AMA Category I Credit

"Parathyroid disorders—Contemporary Medical and Surgical Management" is the subject of a course offering AMA Category 1 credit at St. Joseph Hospital, 2900 N. Lake Shore Drive, Chicago, May 12-14. Tuition is \$250 (residents and fellows \$50). Write Ms. Sharon Afafe, Medical Education Dept. St. Joseph Hospital or call (312) 975-3454.

## I.U. to Host Summer Program in Human Sexuality

The Institute for Sex Research, the ninth annual summer program in human sexuality, will be conducted June 21-28 at the Indiana University campus in Bloomington. The registration fee is \$325. Write the Institute at 416 Morrison Hall, Indiana University, Bloomington 47401.

## Dermatology Course Planned

Primary Care Dermatology, an accredited continuing medical education conference, May 19-21. Northwestern University Medical School, Chicago. Presented by Department of Dermatology, Henry H. Roenigk, Jr., M.D., Conference Author. For information: Alumni Center for Continuing Education, 301 East Chicago Avenue, Chicago 60611. Telephone: 312-649-8533.

## Michigan Postgraduate Courses Slated

The University of Michigan announces the following postgraduate courses, all of which will be held at The Towsley Center for Continuing Medical Education. For further information, write to the Office of Continuing Education, University of Michigan Medical School, The Towsley Center, Ann Arbor, Mich. 48109.

Date	Title	Target Audience
May 4-5	The High Risk Infant	Physical Therapists, other health professionals
May 22-26	Advances in Internal Medicine	Internal Medicine

## Family Violence to be Studied

"Family Violence: Can We Prevent It?" is to be the subject of a conference March 16-18 at Milwaukee. It is an interdisciplinary conference targeted to professionals, concerned citizens, parents, and researchers. For information and registration materials, write Kathie D. Meikamp, School of Social Welfare, University of Wisconsin, Milwaukee 53201.

## Allergists to Meet in Las Vegas

The American College of Allergists will hold its 34th Annual Congress at the Las Vegas Hotel, Las Vegas, Nev., April 1-6. The program is devoted to a comprehensive review of clinical immunologic and allergic diseases. Registration fee is \$75 for members, \$190 for non-members. There is no fee for residents, interns, nurses and technicians from teaching hospitals who present letters from department heads. Write Frances P. White, 2141 14th St., Boulder, Colo. 80302.

## Home Study Course Offered

A home study course in Immunodeficiency Diseases will be presented for primary care physicians April 17 to June 6 at the Wisconsin School of Medicine. It will provide current basic science principles related to immunodeficiency diseases for application in clinical practice. Home study materials include a text, syllabus, journal reprints and tape/ slide units. Self-assessment tests are provided and telephone conferences are held with the instructor. Completion of the exam qualifies for 26 hours of AMA Category 1 credit. Write R. H. Hansen, 446 WARF Bldg., 610 N. Walnut St., Madison, Wisc., 53706.

## NCME Offers Four-Part Telecourse

"Ophthalmology in Clinical Context" will be offered by the Network for Continuing Medical Education (NCME) Feb. 20-March 5. The four-part telecourse features John W. Chandler, M.D., Clinical Associate Professor of Ophthalmology at the University of Washington School of Medicine, and ophthalmologist with the Swedish Hospital Medical Center, Seattle. The American Academy of Family Physicians has prescribed one hour of AMA Category 1 credit for this telecourse.



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**\*Indications:** Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

Final classification of the less-than-effective indications requires further investigation.

**Composition:** Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg. Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

**Dosage and Administration:** Oral: 10 to 20 mg., three or four times daily. Intramuscular: 5 to 10 mg. (1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

**Contraindications and Cautions:** There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

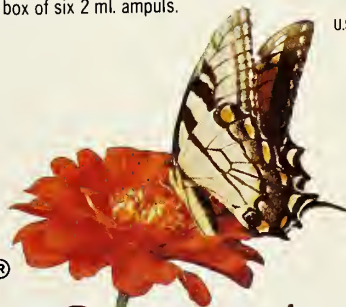
**Adverse Reactions:** On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

**Supplied:** Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

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**Dosage:** Initial: Adults: 1-2 capsules or 1-2 tablespoonfuls elixir every 6-8 hours, children 8-12: 1 tablespoonful or one capsule every 6-8 hours and children under 8: 3 to 5 mg theophylline/kg body weight every 6-8 hours. Theophylline dosage may be cautiously increased to 2000 mg/24 hr in adults or 7 mg/kg in children; monitoring of serum theophylline levels at higher dosages is recommended.

**Precautions:** Do not administer more frequently than every 6 hours, or within 12 hours after rectal dose of any preparation containing theophylline or aminophylline. Do not give other xanthine derivatives concurrently. Use in case of pregnancy only when clearly needed.

**Adverse Reactions:** Theophylline may exert some stimulating effect on the central nervous system. Its administration may cause local irritation of the gastric mucosa, with possible gastric discomfort, nausea and vomiting. The frequency of adverse reactions is related to the serum theophylline level and are not usually a problem at serum theophylline levels below 20 µg/ml.

**How Supplied:** Capsules in bottles of 100 and 1000 and unit-dose packs of 100; Elixir in bottles of 1 pint and 1 gallon.

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## AUXILIARY REPORT

Mary K. (Mrs. John R.) Stanley  
President, ISMA Auxiliary

I have asked Mrs. Ruth Guthrie of Peru, Indiana Medical Political Action Committee (IMPAC) chairman for the ISMA Auxiliary, to prepare this month's report. Mrs. Guthrie was assisted in preparing her report by Mark Miles, IMPAC representative for the Indiana State Medical Association.

### IMPAC: The Hoosier Physician's Political Muscle

The shift away from the goals and ideals of our free enterprise system is such that physicians and their families can no longer afford to turn their heads. The election of liberal legislators, both federal and state, across this country has resulted in the continual erosion of the system which has made this country the most prosperous in the world.

The current administration has endorsed such repugnant legislation as National Health Insurance (which will socialize medicine in this country), Instant Voter Registration at the polls (which virtually institutionalizes voter fraud), and Public Financing of Congressional Campaigns (which is like reelection insurance for most incumbents).

There are scores of other measures which if adopted, would alter drastically our current health care system. The federal government will be in the business of administering all health care facilities. Physicians will be told how to practice medicine, where to practice medicine, and how much their services are worth.

With last year's election of a President and a majority of Congress from the same political party, most experts agreed these things would soon come to pass. But this has been a surprising year. Labor has suffered serious defeats. The hospital cost containment bill, national health insurance, election laws, and other seemingly inevitable changes have been sent back to bureaucratic drawing boards. The question is why?

One reason is that many of the newer legislators seem to be a more conservative breed who are conscious of the fact that their constituents no longer believe government has all the answers to our problems. They are beginning to believe that bigger government is not necessarily better government, that we can't continue tremendous deficit spending, and that bureaucratic regulation is strangling free enterprise which is the life blood of this country.

The other reason is that business, industry, and organized medicine have done a superb job of out-manuevering the powerful special interest of laborites, Naderites, and the like.

These two developments must inspire renewed optimism. The changes we have all dreaded are not necessarily inevitable. However, physicians and businessmen who are fortunate enough to be in a position to do something must take a stand.

IMPAC offers ISMA members and the auxiliary a convenient mechanism to do a lot of good. IMPAC stands for the Indiana Medical Political Action Committee. IMPAC is a non-profit, bipartisan, voluntary and unincorporated committee. The IMPAC Board consists of 27 physicians, and spouses and every member serves without compensation.

The purpose of IMPAC is to study the issues of government, records, and platform of officeholders and candidates for elective office and to give support both financially and on the grassroots level to officials who have demonstrated at least a willingness to listen to organized medicine's views.

In 1976, IMPAC was the 3rd largest PAC in the state. However, the two larger PAC's (both labor groups) combined to contribute almost 20 times as much support as IMPAC.

We have been successful. The Indiana State Medical Association gains the legislators' respect and trust largely because of the seeds planted by IMPAC contributions.

1978 will be an important election year. The candidates elected in the various campaigns will decide the future of our free enterprise system and IMPAC needs your support to make certain your voice is heard. You can best support IMPAC by your funds. Individual membership is \$25, physician and spouse membership is \$50, and individual sustaining membership is \$100. We are asking so little for a cause which promises so much!

# BOOK REVIEWS



## Handbook of Obstetrics and Gynecology

Ralph C. Benson, M.D., *Lange Medical Publication, Los Altos, Calif. 94022, 6th Edition, 743 pages plus index, illustrations, tables, \$9.50. (Dr. Benson is Clinical Professor of Obstetrics and Gynecology and Emeritus Chairman, Department of Obstetrics and Gynecology, University of Oregon Health Science Center, Portland.)*

This manual is the sixth edition of an aid for students, interns, residents, nurse practitioners, midwives and clinicians, well thought of since the first edition of 1964. That it is a handbook and not a textbook is emphasized by the size and format, utilizing even the inside surfaces of the cover for tables of normal values of laboratory tests (front) and an obstetrical calendar (back). The illustrations are for the most part well chosen and clearly executed in pen-and-ink drawings by Laurel V. Schaubert, with only one error in execution not-

ed (Fig. 21-14, p. 556) where a Gehrung pessary appears to have a diaphragm at one end, and in Fig. 14-7, p. 388, there is a proof-reading error, the drawing being printed upside down.

As noted in the preface, "Much revision has been accomplished." One area here concerns sexually transmitted diseases, and this section can certainly be designated excellent. Also, new sections have been added, such as more about problems of the neonate, regulation of menstruation, rape, premarital counseling, hysteroscopy, colposcopy, etc.

This small volume (108mm X 118mm X 24mm) has the cardinal virtues of completeness, succinctness and explicitness. In addition, I believe we can add accuracy. All in all, the book is highly recommended.

A. W. CAVINS, MD.  
Gynecologist  
Terre Haute

## Current Surgical Diagnosis and Treatment

J. Englebert Dunphy, Lawrence W. Way and associate authors, *Lange Medical Publications, Los Altos, Calif. 94022, 3rd edition, 1977, 1,139 pages, \$18.00.*

The format of soft cover and smallish print makes each of these Lange handbooks appear deceptively compact. It would take a Herculean effort (or a general surgical residency) to read and absorb each word in this text; yet it makes a fine addition to the medical practitioner's library for special reference. It is packed with information relating to surgery excepting detailed surgical procedures.

It consists of 51 chapters, appendix and index. By my count there are 79 authors including the two major authors, Dunphy and Way. The preponderance of these writers come from the University of California at San Francisco, only six being from out of that state. They cover all surgical topics, apparently quite exhaustively. Some unusual chapters include those on "Legal Medicine for the Surgeon," "Postoperative Care" (with a modern dissertation on pulmonary physiology relating to acute respira-

tory failure), and "Inflammation, Infection and Antibiotics" (with a good summary of the few indications for prophylactic antibiotics).

No attempt can be made to convey the complexity and thoroughness of this book by citing individual issues, but one or two examples may be instructive. Regarding mastectomy, the author states that simple mastectomy is inadequate except in special cases of non-invasive carcinoma. Thus they opt for a modified radical removal of the breast. This typifies the intelligently conservative tone maintained throughout. Another evidence of this good balance is cited in a chapter on the pleura where it states that open biopsy is less meddlesome and produces greater diagnostic yield than needle biopsy.

A chapter is devoted to each specialty in surgery which serves as a useful overview for physicians outside of these disciplines. All in all, the book is highly recommended.

RODNEY A. MANNION, M.D.  
Urological Surgeon  
LaPorte

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- Eunuchoidism, Eunuchism
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### New Double-Blind Study **ANDROID-25 vs. Placebo\***

\*R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.; Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

**DESCRIPTION:** Methyltestosterone is 17 $\beta$ -Hydroxy-17-Methylandroster-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunuchism 2. Male climacteric symptoms when these are secondary to androgen deficiency 3. Impotence due to androgenic deficiency 4. Post-puberal cryptorchidism with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric,

avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE**

**REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. In the male: Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchidism, 30 mg. **REFERENCE:** Robert B. Greenblatt, M.D., and D. H. Perez, M.D.: "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.



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# PHYSICIANS' DIRECTORY

## INTERNAL MEDICINE

Offices for the doctors listed below are presently located at 3524 N. Meridian St., Indianapolis 46208. Their telephone number is 317-924-6471. Their location after Feb. 3, however, will be 3130 N. Meridian St., Indianapolis 46208; new telephone numbers are listed in the new telephone directory. The new switchboard number will be 317-927-1221.

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## Licensing Fee Due July 1

The biennial registration fee for all licensed physicians in the State of Indiana is due in the office of the Medical Licensing Board of Indiana July 1, 1978. The fee for two years registration is \$40. and is payable by check or money order.

The Medical Licensing Board of Indiana will be mailing renewal notices to each physician June

1. Please be sure that you have notified the Board of your current address so that you will receive the notice. If no notice is received the physician should contact the Medical Licensing Board, as it is the physician's responsibility to pay the registration fee regardless of whether or not the notice is received.

# COMMERCIAL ANNOUNCEMENTS

Commercial announcements are carried in The Journal as a special service to ISMA members. Only advertisements considered by publisher to be of advantage to members will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

20¢ for each word

\$4.00 minimum

Send cash with order. Average count: seven words to the line.

Address: The Journal, ISMA, 3935 N. Meridian St., Indianapolis 46208.

DEADLINE: Fifth day of month PRECEDING month of issue.

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**OPPORTUNITIES FOR PHYSICIANS**—There are several excellent openings among the Indiana State Hospitals at various locations throughout the State for psychiatrists and physicians of other specialties, at most experience levels. A newly-revised salary schedule offers a very competitive income plus a generous package of fringe benefits. An adjunct practice is possible beyond the regular working hours and on-call responsibilities. Candidates must be licensable in Indiana. Please reply with a copy of the c.v. to: FARABEE & ASSOCIATES, INC., P.O. Box 472, Murray, KY 42071 or call (collect) (502) 753-9772. Farabee is retained by the Indiana Department of Mental Health.

**BOOKS WANTED**—History of Medicine in Indiana, by Dr. B. D. Myers, published 1956; William Henry Wishard, A Doctor of the Old School, by Elizabeth Wishard. Write THE JOURNAL.

**EXCELLENT OPPORTUNITY**—Physician—for Disability Determination Division, Indiana Rehabilitation Services. No insurance requirements, no patient load, low-pressure atmosphere, excellent fringe benefits. Contact the Personnel Officer, 1-317-633-6828, or write above agency at Room 1010 Illinois Bldg., 17 W. Market St., Indianapolis 46204.

**PSYCHIATRIST** for community mental health center using case manager model. Begin \$41,600. Board eligible. 32 hours per week. Private practice allowable. Liberal fringes. Moving expenses. Open October 1, 1977. Resume/3 reference letters to Personnel, Scioto Paint Valley Mental Health Center, 50 Pohlman Road, Chillicothe, Ohio 45601. Telephone 614-775-1260. E.O.E.

**TAX ADVANTAGED LEASING**—Fixtures, equipment, machinery, furniture and automobiles. Accelerated depreciation with investment tax credits. (317) 291-9342.

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**FAMILY PHYSICIAN** wanted for new clinic. Small town, near large industrial area. High per capita income. Clinic space will be available for lease or as a sales lease back purchase. Two excellent hospitals within seven miles. Contact: Charles Shepherd, 232 Anderson Road, Chesterfield, Indiana 46017. Phone 317-378-3311.

**FOR RENT:** Furnished 1,300 sq. ft. doctor's office with four examining rooms. 1303 N. Arlington Ave., Indianapolis, near Community Hospital; adequate parking. Call 357-1144.

**RETIRED OR PHYSICALLY RESTRICTED** or limited practice physicians as **MEDICAL ASSOCIATES** of plasma centers in Ft. Wayne, Lafayette and Indianapolis. **PLASCON, INC.**, Mr. Reiland (317) 924-6336.

## Indiana Medical Foundation

The Indiana Medical Foundation was organized to furnish support for the educational activities of the Indiana State Medical Association. These activities include programs for continuing education and the scientific publications of **The Journal**. Contributions made to the foundation are deductible by donors in accordance with the Internal Revenue Code. Bequests, legacies and gifts are deductible for federal estate and gift tax purposes. Memorial contributions made to the foundation will be formally recorded and acknowledgment will be sent to the family. Gifts, bequests, and memorial contributions may be mailed to the foundation at 3935 N. Meridian St., Indianapolis 46208.

# OBITUARIES

## John K. Spears, M.D.

Dr. John K. Spears, 65, a Paoli general practitioner for 38 years, died Nov. 25 in Community Hospital, Indianapolis.

Dr. Spears was a 1937 graduate of Indiana University School of Medicine. He served his internship at St. Vincent Hospital, Indianapolis, and his residency at St. Mary's Hospital, Evansville.

He was named "Citizen of the Year" of Paoli by popular vote during the Indian Summer Festival there last year. Dr. Spears had been the first chief of staff of the Orange County Hospital at Paoli.

## Murwyn L. Hicks, M.D.

Dr. Murwyn L. Hicks, 56, a member of Indianapolis' Community Hospital anesthesiology department staff 21 years, died Oct. 23 in that hospital.

Dr. Hicks, a 1944 graduate of the University of Iowa, was an assistant professor of the Indiana University School of Medicine's anesthesiology department from 1953-56. He also had been a consultant for physicians malpractice insurance for the State of Indiana and Blue Cross-Blue Shield.

Dr. Hicks had been a former president of the staff at Community Hospital and had served as a member of the hospital's board of trustees. He was a former president of the Indiana Society of Anesthesiology and belonged to the Marion County Medical Society, American Society of Anesthesiologists, International Anesthesiology Research Society, the AMA and the Indiana State Medical Association.

## Wesley J. Jolly, M.D.

Dr. Wesley P. Jolly, 88, a retired Richland general practitioner, died Nov. 13.

Dr. Jolly was a 1915 graduate of the Indiana University School of Medicine. The senior member of the Indiana State Medical Association became a member of ISMA's 50-Year Club in 1965.

## George J. Garceau, M.D.

Dr. George J. Garceau, 82, former chief of orthopedics at two Indianapolis hospitals, died Nov. 5 in St. Vincent Hospital.

Dr. Garceau, a 1925 graduate of Northwestern University Medical School, was the first chief of orthopedic surgery at the Indiana University Riley Hospital for Children, 1928-33. He served simultaneously on the staff of the Indiana University School of Medicine. From 1948-66 he served as chairman of the school's Department of Orthopedic Surgery. At his retirement, he was made Distinguished Service Professor Emeritus there.

Dr. Garceau was chief of the orthopedic department at St. Vincent Hospital from 1945-70. In 1974 that hospital's library was dedicated to him.

He was a fellow of the AMA and a member of the International College of Surgeons, International Society of Orthopaedic Surgery and Traumatology, and American Academy of Orthopaedic Surgeons.

## Robert M. LaSalle, Sr., M.D.

Dr. Robert M. LaSalle, Sr., 76, a retired Wabash general practitioner, died Nov. 26 in Wabash County Hospital, where he had been hospitalized with injuries suffered in an automobile accident. The accident also killed his wife Dortha, 65.

Dr. LaSalle was a 1931 graduate of the Indiana University School of Medicine. He began his practice in Wabash in 1932 after an internship at Kansas City General Hospital.

## George A. Tiley, M.D.

Dr. George A. Tiley, 74, a semi-retired general practitioner and dermatologist in Greenwood, died Dec. 7 at his Greenwood home.

Dr. Tiley, a native of Philadelphia, was a graduate of the University of Pittsburgh and the Bern, Switzerland, Medical Center. He had served his internship at St. Margaret Hospital, Hammond, and his residency at St. Francis Hospital, Beech Grove.

Dr. Tiley, who had practiced medicine in Greenwood 39 years, served with the Army Medical Corps during World War II. He was a senior member of the Indiana State Medical Association, and a past president of the Johnson County Medical Society.

## Memorial to W. L. Green, M.D.

This man was a member of our Medical Society and community for only a relatively short part of his professional life; but, he quickly entered into the activities of our group.

Bill was, by his own statement, a maverick. He was one who was willing to experiment and innovate. However, he was not a surgeon who would jump on the bandwagon of a new technique or method of treatment just because it was new.

Most of us can remember Bill's humility concerning his own importance, intelligence and skill—such as his frequent comment, "It's better to be lucky than good!" especially when post-reduction fracture x-rays revealed the fracture to be in excellent position.

Bill also had done medical writing during his career. He was suitably proud of his medical writing and also enjoyed relating anecdotes concerning his days working for the newspaper in his hometown, Franklin, Indiana.

Bill was a sports enthusiast, starting with his association with the Franklin Wonder Five of Indiana basketball. Bill usually ended that tale with the admission that he was more energetic than skillful.

Bill loved people and was never happier than when he was treating his patients or chatting with his friends and colleagues.

Bill was a small man physically, but he was large in heart and spirit.

In summary, Bill, we'll miss you.

Shelby County Medical Society

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**Precautions:** In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

**Adverse Reactions:** Drowsiness, ataxia and con-

fusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

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# MEDICAL MUSEUM NOTES



CHARLES A. BONSETT, M.D., Indianapolis

This month's page of Notes shows two photographs which may at first appear identical. The scene is antebellum Indianapolis, looking north on Pennsylvania Street toward the intersection of East Market Street. The building of interest is the church on the northeast corner of the intersection, known as Roberts Chapel. (This space is now occupied by the Larosa Building, formerly known as the Lemcke Building).

Roberts Chapel was a church and a town meeting place. So important was it, that it was in the church cupola that Indianapolis City Council placed the town clock when it was bought in 1853. It sounded the hours for the town's citizens until the church was torn down in 1868. The clock then apparently ceased to toll, but the bell was saved and later placed in the Roberts Park M. E. Church (which replaced Roberts Chapel) where, I am told, it still rings on Sunday mornings.

Fig. 2 shows the circular clock-face on the cupola; the other shows the belfry with a plain cupola.

Fig. 1 shows people and a horse and wagon.

Fig. 2 is devoid of animation.

Fig. 1, the original, is an accurate rendition of a winter street scene in Indianapolis some time in the 1850's. The other is a photograph of a painting based on the original picture, but with slight alterations. The original picture, probably done by the Daugerrototype technique in the early 1850's, shows no animation because the time exposure necessary would preclude the detection of a moving object. The painting corrects this insensitivity and also adds color.

Not shown in the sepia copy (Fig. 2), from which the original picture used here was obtained, is the State's first Institute for the Blind, completed in 1851. Fig. 1 emphasizes this structure.

It was at Roberts Chapel that the mental health movement in Indiana had its origin. It was here on Christ-

mas Day 1843 that Dr. John Evans of Attica addressed the State Legislature and awakened the public to the need for public institutions for the insane, the deaf, and the blind.

Roberts Chapel is shown in the painting (by William G. Ashby) as it was when Dr. Evans gave his address. The Institute for the Blind would not have been there at that time, but was included because of

its relationship to the endeavors of Dr. Evans. The artist made this a Fall scene by putting color in the leaves on the trees. The scene depicts 1852 Indianapolis.

The painting now hangs in the Museum and serves to introduce the 10-panel exhibit on the history of Mental Health in Indiana, which was prepared last year by the Indiana Department of Mental Health.



Figure 1



Figure 2

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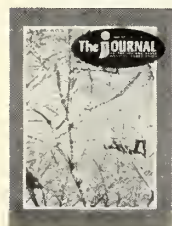
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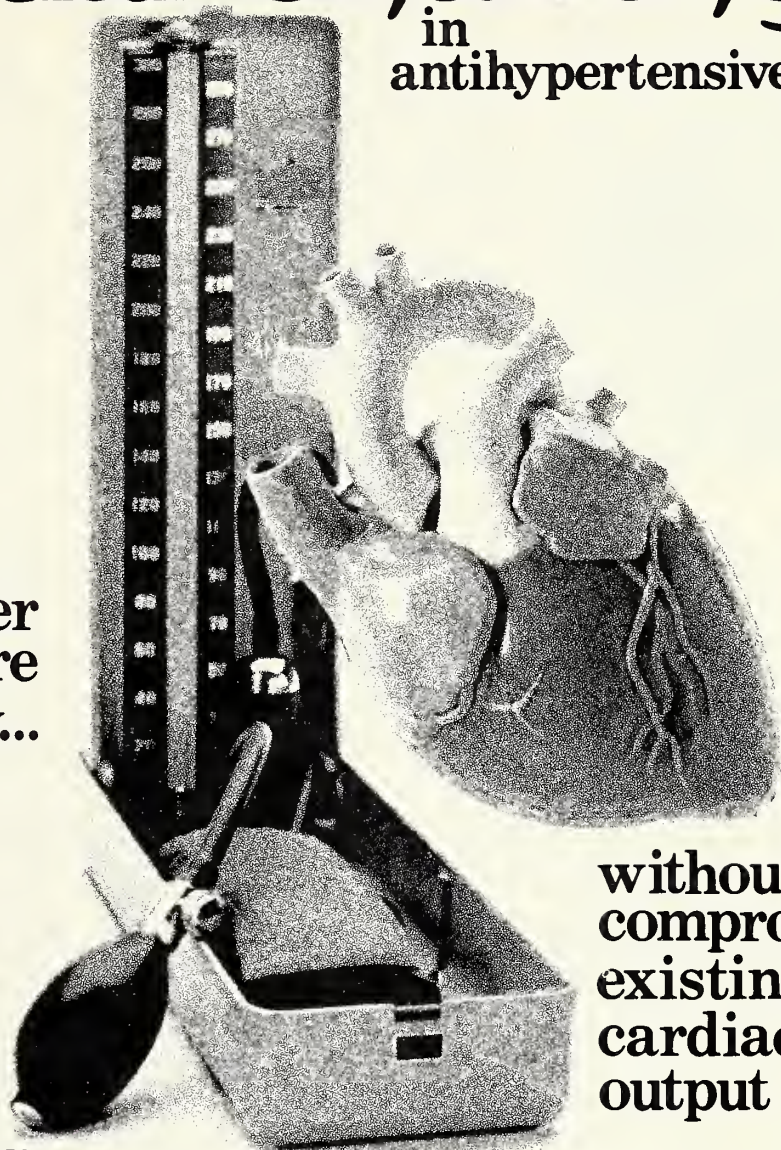
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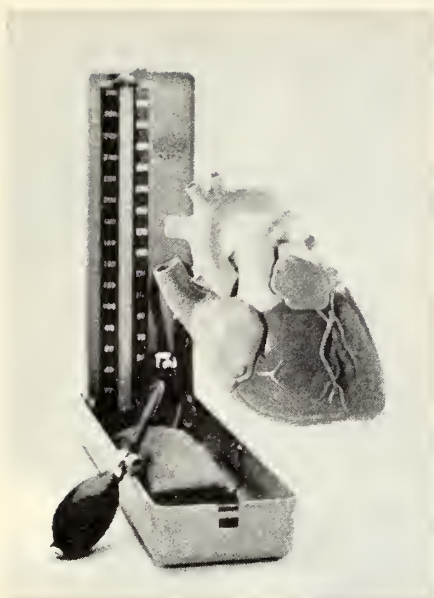
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**Warnings:** It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. Read this section carefully to understand these reactions.

With prolonged methyldopa therapy, 10% to 20% of patients develop a positive direct Coombs test, usually between 6 and 12 months of therapy. Lowest incidence is at daily dosage of 1 g or less. This on rare occasions may be associated with hemolytic anemia, which could lead to potentially fatal complications. One cannot predict which patients with a positive direct Coombs test may develop hemolytic anemia. Prior existence or development of a positive direct Coombs test is not in itself a contraindication to use of methyldopa. If a positive Coombs test develops during methyldopa therapy, determine whether hemolytic anemia exists and whether the positive Coombs test may be a problem. For example, in addition to a positive direct Coombs test there is less often a positive indirect Coombs test which may interfere with cross matching of blood.

At the start of methyldopa therapy, it is desirable to do a blood count (hematocrit, hemoglobin, or red cell count) for a baseline or to establish whether there is anemia. Periodic blood counts should be done during therapy to detect hemolytic anemia. It may be useful to do a direct Coombs test before therapy and at 6 and 12 months after the start of therapy. If Coombs-positive hemolytic anemia occurs, the cause may be methyldopa and the drug should be discontinued. Usually the anemia remits promptly. If not, corticosteroids may be given and other causes of anemia should be considered. If the hemolytic anemia is related to methyldopa, the drug should not be reinstituted. When methyldopa causes Coombs positivity alone or with hemolytic anemia, the red cell is usually coated with gamma globulin of the IgG (gamma G) class only. The positive Coombs test may not revert to normal until weeks to months after methyldopa is stopped.

Should the need for transfusion arise in a patient receiving methyldopa, both a direct and an indirect Coombs test should be performed on his blood. In the absence of hemolytic anemia, usually only the direct Coombs test will be positive. A positive direct Coombs test alone will not interfere with typing or cross matching. If the indirect Coombs test is also positive,

problems may arise in the major cross match and the assistance of a hematologist or transfusion expert will be needed.

Fever has occurred within first 3 weeks of therapy, occasionally with eosinophilia or abnormalities in liver function tests, such as serum alkaline phosphatase, serum transaminases (SGOT, SGPT), bilirubin, cephalin cholesterol flocculation, prothrombin time, and bromsulphalein retention. Jaundice, with or without fever, may occur, with onset usually in the first 2 to 3 months of therapy. In some patients the findings are consistent with those of cholestasis. Rarely fatal hepatic necrosis has been reported. These hepatic changes may represent hypersensitivity reactions; periodic determination of hepatic function should be done particularly during the first 6 to 12 weeks of therapy or whenever an unexplained fever occurs. If fever and abnormalities in liver function tests or jaundice appear, stop therapy with methyldopa. If caused by methyldopa, the temperature and abnormalities in liver function characteristically have reverted to normal when the drug was discontinued. Methyldopa should not be reinstituted in such patients.

Rarely, a reversible reduction of the white blood cell count with primary effect on granulocytes has been seen. Reversible thrombocytopenia has occurred rarely. When used with other antihypertensive drugs, potentiation of antihypertensive effect may occur. Patients should be followed carefully to detect side reactions or unusual manifestations of drug idiosyncrasy. **Pregnancy and Nursing:** Use of any drug in women who are or may become pregnant or intend to nurse requires that anticipated benefits be weighed against possible risks; possibility of fetal injury or injury to a nursing infant cannot be excluded. Methyldopa crosses the placental barrier, appears in cord blood, and appears in breast milk.

**Precautions:** Should be used with caution in patients with history of previous liver disease or dysfunction (see Warnings). May interfere with measurement of urinary uric acid by the phosphotungstate method, serum creatinine by the alkaline picrate method, and SGOT by colorimetric methods. Since methyldopa causes fluorescence in urine samples at the same wavelengths as catecholamines, falsely high levels of urinary catecholamines may be reported. This will interfere with the diagnosis of pheochromocytoma. It is important to recognize this phenomenon before a patient with a possible pheochromocytoma is subjected to surgery. Methyldopa is not recommended for patients with pheochromocytoma. Urine exposed to air after voiding may darken because of breakdown of methyldopa or its metabolites.

Stop drug if involuntary choreoathetotic movements occur in patients with severe bilateral cerebrovascular

disease. Patients may require reduced doses of anesthetics; hypotension occurring during anesthesia usually can be controlled with vasopressors. Hypertension has recurred after dialysis in patients on methyldopa because the drug is removed by this procedure.

**Adverse Reactions:** *Central nervous system:* Sedation, headache, asthenia or weakness, usually early and transient; dizziness, lightheadedness, symptoms of cerebrovascular insufficiency, paresthesias, parkinsonism, Bell's palsy, decreased mental acuity, involuntary choreoathetotic movements; psychic disturbances, including nightmares and reversible mild psychoses or depression.

*Cardiovascular:* Bradycardia, aggravation of angina pectoris. Orthostatic hypotension (decrease daily dosage). Edema (and weight gain) usually relieved by use of a diuretic. (Discontinue methyldopa if edema progresses or signs of heart failure appear.)

*Gastrointestinal:* Nausea, vomiting, distention, constipation, flatulence, diarrhea, mild dryness of mouth, sore or "black" tongue, pancreatitis, sialadenitis.

*Hepatic:* Abnormal liver function tests, jaundice, liver disorders.

*Hematologic:* Positive Coombs test, hemolytic anemia. Leukopenia, granulocytopenia, thrombocytopenia. Positive tests for antinuclear antibody, LE cells, and rheumatoid factor.

*Allergic:* Drug-related fever, lupus-like syndrome, myocarditis.

*Other:* Nasal stuffiness, rise in BUN, breast enlargement, gynecomastia, lactation, impotence, decreased libido, dermatologic reactions including eczema and lichenoid eruptions, mild arthralgia, myalgia.

**Note:** Initial adult dosage should be limited to 500 mg daily when given with antihypertensives other than thiazides. Tolerance may occur, usually between second and third months of therapy; increased dosage or adding a diuretic frequently restores effective control. Patients with impaired renal function may respond to smaller doses. Syncope in older patients may be related to increased sensitivity and advanced arteriosclerotic vascular disease; this may be avoided by lower doses.

**How Supplied:** Tablets, containing 125 mg methyldopa each, in bottles of 100; Tablets, containing 250 mg methyldopa each, in single-unit packages of 100 and bottles of 100 and 1000; Tablets, containing 500 mg methyldopa each, in single-unit packages of 100 and bottles of 100 and 500.

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# EDITORIALS

## Indiana Jail Project

Significant progress has been made in the two-year-old Indiana Jail Project. The project involves bringing Hoosier county jails up to the standards required for AMA accreditation.

The AMA kicked off the pilot three-year program in 1976, thanks to a grant from the Law Enforcement Assistance Administration. Six states, including Indiana, were selected to gather data and formulate practical standards.

Last year two Hoosier county jails—Marion and Greene—became the first in the state to win AMA accreditation. Four other county jails—Brown, Morgan, Monroe and Owen—are still receiving technical assistance. Meanwhile, three more county jails have joined the program—LaPorte, Vanderburgh and Allen.

Winning the accreditation is no easy task. At the staff helm of the project is its director, Mike Huntley, who took over from Newt Goudy when the latter retired last year. Mike works closely with the ISMA project advisory committee chaired by Dr. Dwight W. Schuster of Indianapolis. Since the early days of the program, Dr. Schuster prepared a monograph entitled "The Recognition of Jail Inmates with Mental Illness: Their Special Problems and Needs for Care." It was printed by the AMA and distributed nationally.

The project requires much more effort than mere lip service. In fact, it requires plenty of leg work.

Mike, for example, is now working with Dr. Harold Rhea of Indiana University Northwest to develop a practical manual for a jail exercise program. He's also been presenting a series of jail health care seminars for the Indiana Sheriffs Association.

Meanwhile, of course, data collected must be evaluated. It's regularly fed back to the AMA for refinement of national standards. The paperwork is mind-

boggling. The AMA is now operating with the 15th draft of standards.

Here at home, the job goes on. Cooperation is essential, and the advisory committee reports they're getting plenty of that. Sheriffs and their staffs appear ready and willing, Indiana jail physicians are volunteering their time to examine prisoners, and government officials—including Governor Bowen—have expressed a desire to help.

Not content to rest on its laurels, the ISMA project advisory committee is currently accepting applications from new jails that wish to be accredited by the AMA. Once accepted, these jails will receive the technical assistance necessary to bring them in line with AMA standards.

Judging from results thus far, jails jumping aboard the project bandwagon, as well as those already there, should be able to gain accreditation quickly.

## New Breast X-Ray Rules

Caution is the watchword in medicine. Improvement in the art is also an essential part of medical practice. No better example of the commendable combination of these two principles can be cited than the cautious and courageous investigation to find the best method of utilizing mammography for early diagnosis of cancer of the breast.

The National Cancer Institute (NCI) monitors 27 Breast Cancer Detection Demonstration Projects (BCDDP). Periodically, during years of study, the clinical observations made in these projects have been reviewed by various groups of consultants. Guidelines for conduct of the investigations are altered from time to time, in accordance with ongoing observations.

Two groups of consultants recently advised the NCI on changes of the guidelines. NCI director Arthur C. Upton indicates that the recommendations will probably be accepted.

Continued on page 308

# The JOURNAL of the INDIANA STATE MEDICAL ASSOCIATION

*Devoted to the interests of the medical profession of Indiana*

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## WHAT'S NEW?

Dow Pharmaceuticals is introducing Accur-  
bron™ (theophylline) to be available in a  
dual package containing a 16 oz. bottle of  
theophylline liquid (10 mg. theophylline anhy-  
drous per ml.) and a 15 ml. specially designed  
combination spoon and vial, calibrated in milli-  
liters for accurate dosage.

\* \* \*

G. D. Searle has an agreement with Pennwalt  
to market metolazone, a diuretic used for treating  
hypertension and edema. Searle will assign a  
brand name to the preparation and will promote  
the drug as a complement to the present line of  
cardiovascular and renal medications.

\* \* \*

Dialog Systems has a new hospital system for  
immobilized patients which allows voice control  
of bed motors, lights, typewriter, telephone, cal-  
culator, computer games, television, radio and  
nurse calls by speaking commands through a  
microphone. The system has a vocabulary of 99  
words and has an electronic display for verifica-  
tion of commands. Dialog Systems, Inc. is at 32  
Locust St., Belmont, Mass. 02178.

\* \* \*

Van Nostrand Reinhold has published "Fever:  
From Symptom to Treatment." The authors are  
Manuel M. Villaverde, M.D. and C. Wright Mac-  
Millan, M.D. It is a discourse on the treatment of  
fever and febrile diseases. It enables the user to  
identify symptoms, isolate characteristic features,  
eliminate unlikely causes and choose correct treat-  
ment. 587 pages plus index, \$24.50. Write in  
care of the publisher at 450 W. 33rd St., New  
York, NY 10001.

\* \* \*

Hewlett-Packard announces a low-cost ECG  
monitor for use in the operating room. It has only  
one primary control—to adjust the size of the  
ECG waveform. Comes with color coded diagrams  
denoting electrode placement for minimizing  
electrosurgery interference.

\* \* \*

Hewlett-Packard has a new 38-page booklet  
entitled "Physician's Guide to the HP Catheteriza-  
tion Data Analysis System." It explains the sys-  
tem's operation in which all pressure analysis,  
calculations and report formatting are done auto-  
matically while the catheter is in the patient. It is  
illustrated with drawings and tables. Booklet (AN  
733) is available free of charge. Write Inquiries  
Manager, 175 Wyman St., Waltham, Mass. 02154.

CONTINUED ON PAGE 314

News of what is new in the medical supply industry is  
composed of abstracts from news releases by manufacturers  
—of pharmaceuticals, clinical laboratory supplies, instruments  
and surgical appliances—and book publishers. Each item is  
published as news and does not necessarily constitute an en-  
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# EDITORIALS

## New Breast X-Ray Rules

Continued from page 305

The American College of Radiology, which furnishes consultants for the program, published a detailed report on the latest meeting of the consultants in its October Bulletin.

None of the consultants has advised that the BCDDP's be discontinued. However, there was advice for restricting the use of mammography in screening women under the age of 50.

Also, the chairman of the NCI review panel says the projects have raised more questions than they will answer. While it is clear that mammography is capable of discovering early cancers in asymptomatic women, the BCDDP effort cannot relate these findings to reduced mortality or other objective measures of success or failure.

The panel recommended that screening, including physical examinations and mammography, be offered to all women above the age of 50. This is based on evidence from the Health Insurance Plan of New York City study done in the mid-60's.

The recommendations include that of utilizing mammograms for women between 40 and 49 with a personal history of breast cancer or a family history of breast cancer.

Also, those between the ages of 35 and 40 who have a personal history of breast cancer should have annual mammograms. Women under 50 in the BCDDP groups who wish to continue annual mammography can request it under the new proposed guidelines.

The chairman of the American College of Radiology Committee on Mammography reported that mammography is certain to have a beneficial effect on mortality.

Other consultants reported that improvements in mammography radiation techniques have steadily lowered the amount of absorbed radiation.

Some of the BCDDP's have observed diagnostic advantages in the concomitant use of thermography; others have not. The centers with favorable results will be urged to continue.

It now appears that tissue study of a very early breast lesion will require more study and experience to make the biopsy diagnosis more accurate. Routine pathology consultation is advised prior to treatment of any minimal lesion less than one centimeter in size.

Tighter reviews of the quality of mammography and of the physical examinations are recommended. Mammography has received much attention and critical review because of possible radiation damage, but they find that there are no specific data on the value of physical exams.

The report makes a point of emphasis that the guidelines under discussion apply only to the screening use of

mammography. Clinical use, when any sign or symptom is suggestive of cancer, is, they say, justification for mammography. This is difficult to interpret. "Any sign or symptom" must refer to a palpable lesion in the breast and when this is found, mammography is not indicated—excision and biopsy is.

Much more time and a lot more cases must be processed before any reliable rules can be written. Since admission to the BCDDP groups is voluntary the statisticians are wondering whether there may be enough selectivity to warp the results. It is difficult to determine whether women who are horrified by cancer will enter the study in greater numbers or whether they will stay out. The incidence of proven cancer in the BCDDP groups is now about twice the national incidence. Why this is so must be determined. Only time will tell.

## Editorial Notes . . .

Worldwide sales of the U.S. prescription pharmaceutical industry reached a record \$13.6 billion in 1976, up by 11% over 1975. When the figures are in for 1977 it is expected that they will be over \$15 billion. Research for new and improved products in 1976 required an expenditure of almost \$1.2 billion. This is also expected to increase when 1977 is tallied—it may exceed \$1.3 billion.

Total medical school enrollment increased in the U.S. in 1976-77, up by 2,022 to a grand total of 58,266, according to the AMA. First-year enrollment increased to 15,667 and the number of graduates increased to 13,607. Women enrolled numbered 13,059, up by 1,532 in one year. There are 41,394 full-time faculty members for a ratio of 1 teacher for each 1.4 students. More than 80,000 physicians and others taught part time.

The Veterans Administration, faced with the increasing age of the veteran population, has a new program to train experienced physicians in caring for the special problems of the aged. Internists, family practitioners and psychiatrists are given two years of additional training in geriatrics. Twelve physicians will be added to the program each year.

Veterans Administration has granted \$650,000 to the VA Hospital at Wood, Wisc., to establish special rehabilitation services for patients with heart problems. Four other such services are planned. Patients who have had infarctions, those with stable angina who do not require surgery, those who have had a coronary bypass operation and those with high-risk heart problems will form the clientele. Seventeen full-time employees will man the center. The goal is rehabilitation of the total person, both physical and psycho-social.



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### BRIEF SUMMARY Kaon Tablets/Kaon Elixir

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**Contraindications:** Severe renal impairment with oliguria or azotemia, untreated Addison's disease, adynamia episodica hereditaria, acute dehydration, heat cramps and hyperkalemia from any cause.

**Warning:** There have been several reports, published and unpublished, concerning nonspecific small-bowel lesions consisting of stenosis, with or without ulceration, associated with the administration of enteric-coated potassium tablets alone or when they are used with nonenteric-coated thiazides or certain other oral diuretics. These small-bowel lesions have caused obstruction, hemorrhage and perforation. Surgery was frequently required and deaths have occurred. Available information tends to implicate enteric-coated potassium salts, although

lesions of this type also occur spontaneously. Therefore, coated potassium-containing formulations should be administered only when indicated and should be discontinued immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occur. Coated potassium tablets should be used only when adequate dietary supplementation is not practical.

**Precautions:** In response to a rise in the concentration of body potassium, renal excretion of the ion is increased. With normal kidney function, it is difficult, therefore, to produce potassium intoxication by oral administration. However, potassium supplements must be administered with caution, since the amount of the deficiency or daily dosage is not accurately known. Frequent checks of the clinical status of the patient, and periodic ECG and/or serum potassium levels should be made. High serum concentra-

*Time is  
the test of  
all things*



ions of potassium ion may cause death through cardiac depression, arrhythmias or arrest. This drug should be used with caution in the presence of cardiac disease.

In hypokalemic states, especially in patients on a salt-free diet, hypochloremic alkalosis is a possibility that may require chloride as well as potassium supplementation. In these circumstances, Kaon (potassium gluconate) should be supplemented with chloride. Ammonium chloride is an excellent source of chloride ion (18.7 mEq. per Gram), but it should not be used in patients with hepatic cirrhosis where ammonium salts are contraindicated. Other sources for chloride are sodium chloride and Diluted Hydrochloric Acid, U.S.P.

It should also be kept in mind that ammonium cycle cation exchange resin, sometimes used to treat hyperkalemia, should not be administered

to patients with hepatic cirrhosis.

**Adverse Reactions:** Nausea, vomiting, diarrhea and abdominal discomfort have been reported. The symptoms and signs of potassium intoxication include paresthesias of the extremities, flaccid paralysis, listlessness, mental confusion, weakness and heaviness of the legs, fall in blood pressure, cardiac arrhythmias and heart block. Hyperkalemia may exhibit the following electrocardiographic abnormalities: disappearance of the P wave, widening and slurring of QRS complex, changes of the S-T segment, tall peaked T waves, etc.

**Overdosage:** Potassium intoxication may result from overdosage of potassium or from therapeutic dosage in conditions stated under "Contraindications." Hyperkalemia, when detected, must be treated immediately because lethal levels can be reached in a few hours.

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**Indications:** See Kaon Tablets.

**Precautions:** See Kaon Tablets.

In hypochloremic alkalosis, potassium replacement with potassium chloride (e.g., Kaochlor® 10% Liquid) may be more advantageous than with other potassium salts.

**Adverse Reactions:** See Kaon Tablets.

**Overdosage:** See Kaon Tablets.

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\* **Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

**Contraindications:** Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

**Warnings:** Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum  $K^+$  levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict  $K^+$  intake. Associated widened QRS complex or arrhythmia requires prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

**Precautions:** Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids).

Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum  $K^+$  frequently; both can cause  $K^+$  retention and elevated serum  $K^+$ . Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis.

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### Adverse Reactions:

Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

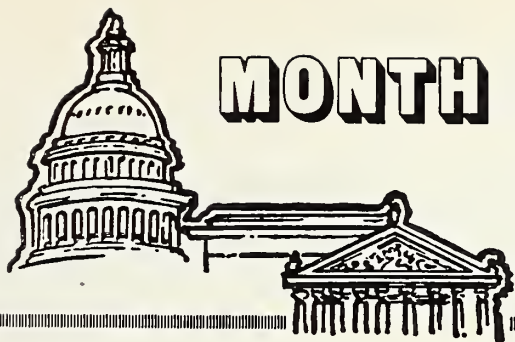
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# MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and airmailed to The Journal on the first of each month preceding month of issue.

The federal government has released a second version of the controversial health planning guidelines, saying the revised rules contain "enough flexibility to be fair, and are tough enough to be effective."

When the original guidelines were published last fall in the *Federal Register*, the Department of Health, Education and Welfare received more than 55,000 mostly critical comments, stating the belief that the rules were unfair to small, rural hospitals.

The response took the agency by surprise and the guidelines were withdrawn to be revised in such form as to be more acceptable. The revised rules were open to comment until March 6 at which time the final regulations were to be published.

HEW Secretary Joseph Califano emphasized that the guidelines are to serve as national standards for local Health System Agencies and state health planning bodies, which must make the final decisions.

The Secretary said HEW's ability to enforce the guidelines is limited to two areas. One, if a local hospital proceeded with capital expenditures in violation of a state adopted plan, HEW could withhold funds that are provided for reimbursement of depreciation costs. Two, HEW does have the power to "decertify" local HSAs that completely disregard the guidelines. However, Califano stressed that planning authority rests in local hands.

The revised guidelines propose these major standards:

- A maximum of four hospital beds per 1,000 people.
- An average annual occupancy rate of at least 80% for hospitals in a Health Service Area.
- At least a 75% average occupancy rate and at least 1,500 births annually for hospitals that provide care for complicated obstetrical problems.
- No more than four neonatal intensive and intermediate care beds per 1,000 live births.
- A minimum of 20 beds for pediatric units in urban areas.
- Average annual occupancy rate ranging from 65 to 75% for pediatric units, based on their size.
- At least 200 open heart procedures annually in any institution in which open heart surgery is performed for adults, and at least 100 heart operations annually in any institution in which pediatric open heart surgery is performed.
- At least 300 cardiac catheterizations annually in any adult catheterization unit, and at least 150 cardiac catheterization units annually in any pediatric catheterization unit.
- A service area with a population of at least 150,000 people, or treatment of at least 300

cancer cases annually, for megavoltage radiation therapy units.

- At least 2,500 procedures per year for each computed tomography scanner.
- Plans consistent with already established HEW standards and procedures for suppliers of end-stage renal disease services.

\* \* \* \* \*

More than 2,400 doctors and druggists providing subsidized health services to needy persons have been identified as having "patterns of practice indicating a likelihood of fraud and abuse," HEW Secretary Califano has said.

He announced new details of Project Integrity, a program of HEW searching for corruption in subsidized medical care.

HEW has issued regulations, required under 1977 antifraud legislation, that set requirements for states creating fraud and abuse control units to monitor the federal-state Medicaid program.

The units should operate separately from the agency administering a state Medicaid plan, have the capacity to prosecute fraud or refer allegations of fraud to prosecutors, and investigate complaints from patients in nursing homes and mental institutions.

If states create such units, HEW will reimburse them for 90% of their operational costs, a government spokesman said.

Califano said Project Integrity has screened the billing claims of all 275,000 Medicaid physicians and pharmacists "and identified over 2,400 with patterns of practice indicating a likelihood of fraud and abuse."

More than 450 of the 2,400 doctors and druggists are being investigated for potential Medicaid abuses.

Another 400 are undergoing "detailed field checks for potential criminal fraud," Califano said.

Cases involving about 200 have been closed as not warranting further investigation. The other cases are still in the investigation pipeline, Califano said.

HEW also plans to review another 44,000 cases where preliminary information has indicated the possibility of fraud and abuse.

\* \* \* \* \*

The number of Americans living in areas officially designated as having a physician shortage could increase by 56% to a total of 25 million under new criteria proposed by HEW.

Communities designated as having a physician shortage are eligible to apply for physicians' services provided through HEW's National Health Service Corps or related federal programs. Of the estimated 25 million

CONTINUED ON PAGE 316

# WHAT'S NEW?

CONTINUED FROM PAGE 306

Doubleday announces "The Home Birth Book," written by Charlotte and Fred Ward. It is a completely revised edition of a book by the same title originally published by Inscape and contains all the latest facts. It is an important contribution in support of the role of the nurse-midwife. 160 pages—\$5.95.

• • •

The Huntleigh Group of England offers a new and highly efficient method of reducing and controlling edema of the arm after mastectomy. The device may be employed by the patient in the home after a short course of instruction. The arm is covered with stockinette and put into a pneumatic sleeve attached to a quiet electrically operated Berkeley Flowtron pump. The sleeve is inflated during a cycle of about two minutes' inflation and two minutes' deflation. The pressure may be varied and is usually used as high as is comfortable. The method is also adaptable to leg disorders.

• • •

Wyeth Laboratories announces Ativan® (lorazepam) a new anti-anxiety agent for the symptomatic relief of anxiety associated with anxiety neuroses and transient situational disturbances. It has also been shown to be effective in relief of anxiety associated with depressive symptoms. It is provided in 1 mg and 2 mg tablets.

Doubleday has released a new book, "For the Love of Children," a realistic approach to raising your child. William Glasser, M.D., says of the book "This book represents a very valuable contribution to the uncertain art of raising children." 168 pages—\$6.95.

• • •

The Maytag Company has designed a large four-prong knob which fits over the standard control dial on most Maytag washers and dryers. It is made especially for homemakers with manual arthritis.

• • •

A portable, battery-operated electronic voice system for non-verbal/non-vocal children and adults is offered by the American Hospital Supply Corporation. Called the Phonic Mirror Handivoice, the system consists of two units, one of those with lower cognitive skills and higher motor skills, the other for higher cognitive skilled people with lower motor skills. The system can simulate the human voice, produce complete sentences and articulate virtually every word in the English language in response to digital manipulation of a keyboard similar to that of a pocket computer.

• • •

Riker is introducing the BUF Foot-Care Kit. It contains BUF-PED, a nonwoven polyester sponge, BUF Foot-Care Soap and BUF Foot-Care Lotion. They provide safe and effective cleansing, moisturizing and lubrication of the feet. Designed for use by dermatologists and by patients.



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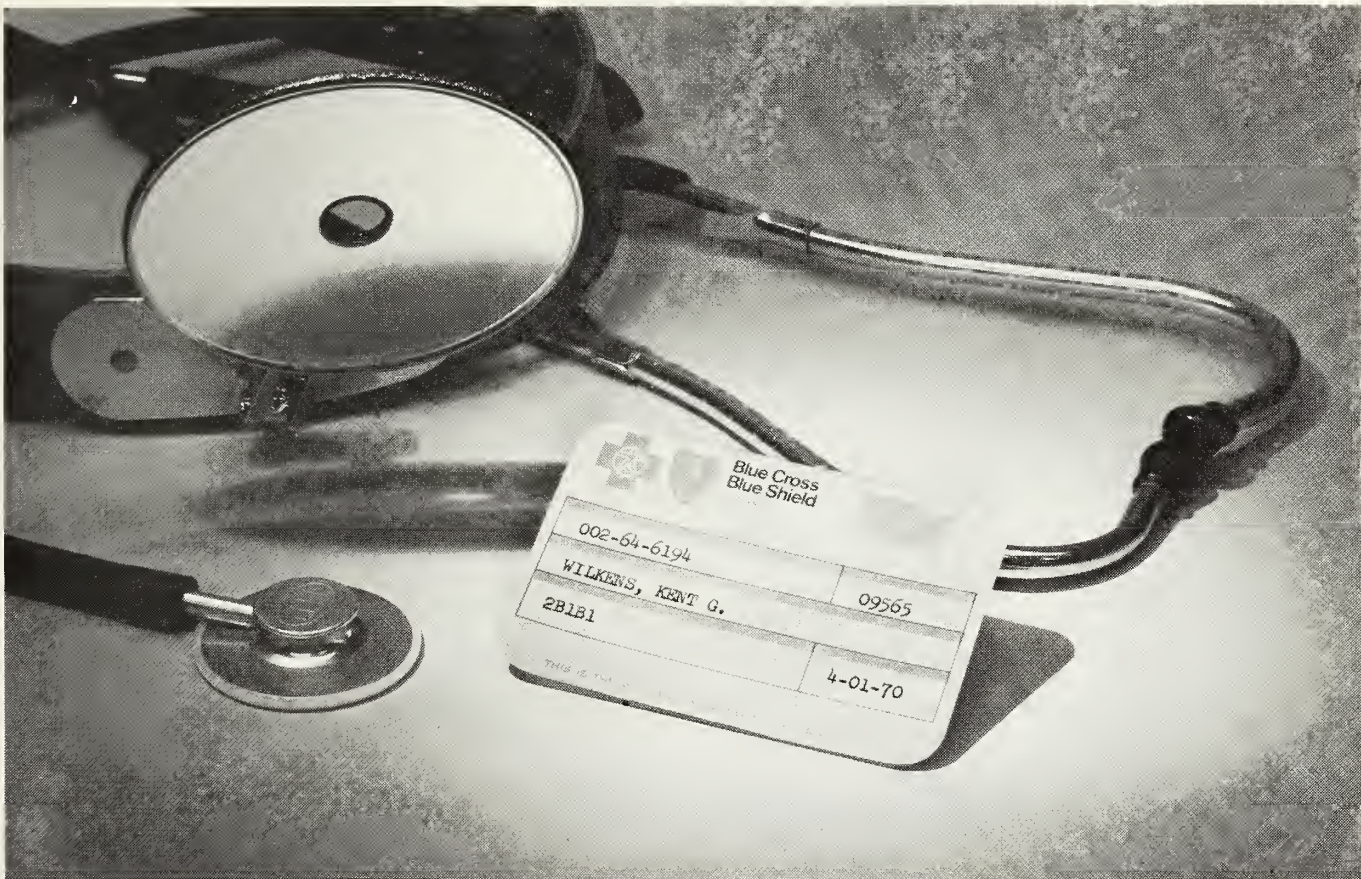


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# MONTH IN WASHINGTON

CONTINUED FROM PAGE 313

people, 15 million reside in inner cities according to the definition of what constitutes a shortage area. The remaining 10 million are in rural areas.

A shortage area under both new and former criteria may range in size from a group of neighboring counties to an urban neighborhood. Previously, a critical shortage level was reached when there were 4,000 or more people per primary care physician. The new criteria lowers the level to 3,500 or more per physician, and even lower levels may be designated if indicators of need—infant death rates, health status of population and access to health services—are considered significantly adverse.

Separate shortage criteria are proposed for dentists, psychiatrists, pharmacists, podiatrists, optometrists and veterinarians.

\* \* \* \* \*

The cost of health care has risen for the population as a whole from 6.2% of the Gross National Product in 1967 to 8.6% of the GNP in 1976. During these same years the cost for a semi-private hospital room rose 169% and operating room costs rose 175%.

According to HEW's Annual Report on Health, life expectancy in the United States has continued to lengthen and is now at a new high of 72.5 years for those born in 1975. Life expectancy for those over 65 years has also increased, climbing 2.2 years since 1950.

HEW reports that 29% of the Nation's health care expenditures in 1976 were for treating those over 65. Per capita annual expense in this age group was \$1,521.

The share of public funding for health care in the elderly has risen from 30% in 1966 to 68% in 1976,

and the number of beds in nursing homes tripled between 1963 and 1973.

Between 1950 and 1974 the number of physicians in the United States rose 70% from 232,697 to 394,448. The ratio of physicians to population increased 22% in this period from 14.9/1,000 to 18.2/1,000.

Physician visits per person per year was 5.0 in 1973 and 4.9 in 1976. The average length of a hospital stay was 8.1 days in 1973 and 7.9 days in 1976. The percentage of persons with one or more hospitalizations in one year was 10.7% in 1973 and 1976. Hospital discharges per 100 persons per year totaled 13.9 in 1973 and 14.1 in 1976.

The report also noted the rates of immunization among American children. In 1975 32% of children aged 1-4 years were not protected against measles, 38% were not protected against rubella, and 35% had no protection against polio.

\* \* \* \* \*

Under a HEW contract, the American Association of Professional Standards Review Organizations has identified 11 surgical procedures which it says "have a significant potential for inappropriate utilization."

The Association's national council has adopted a set of screening criteria for these procedures which will be sent to local PSROs. The surgical criteria "must not be viewed by local PSROs as mandating national standards," says the Chairman of the Association's Surgical Criteria Committee, John Bussman, M.D., of Portland, Ore.

Rather, the local PSRO "may wish to adopt or adapt the screening criteria for local use." In a letter to the Association's national council—"our committee has learned through experience and communications with PSROs across the country, that the 11 procedures have a significant potential for inappropriate utilization," Dr. Bussman said.

The 11 surgical procedures are: abdominal hysterectomy, vaginal hysterectomy, coronary arteriography, cataract removal, dilatation and curettage, tonsillectomy and adenoidectomy, cholecystectomy, hiatal hernia repair, lumbar disc excision for rupture or protrusion, meniscectomy, and appendectomy.

With respect to vaginal and abdominal hysterectomy, a subject of national attention, the national council said:

"Sterilization by abdominal (or vaginal) hysterectomy is acceptable only in the presence of concomitant uterine disease."

\* \* \* \* \*

President Carter has proposed in his tax message to the Congress changing medical deductions on personal income tax by combining the separate deductions for medical expenses and uninsured casualty losses into a new "extraordinary expense" deduction. The new deduction would be available only to the extent that these items together exceeded 10% of the adjusted gross income.

The American Medical Association has before the Congress a proposal (H.R. 5188) that would permit a tax payer to deduct the full amount of medical and drug expenses paid for the medical care of himself, his spouse, and dependents.



# When **impotence** due to androgenic deficiency is driving them apart



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- Eunuchoidism, Eunuchism
- Post-Puberal Cryptorchidism

### **New Double-Blind Study ANDROID-25 vs. Placebo\***

\*R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.; Hormones for Improved Sexuality in the Male and Female Climacteric. **Drug Therapy**, Sept. 1976.

**DESCRIPTION:** Methyltestosterone is 17 $\beta$ -Hydroxy-17-Methylandrosta-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-puberal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric,

avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE**

**REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunichism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchidism, 30 mg. **REFERENCE:** Robert B. Greenblatt, M.D., and D. H. Perez, M.D.: "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.



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## "Ain't God Good to Indiana?"

### From The Journal 50 Years Ago

**A**n Indiana feature writer [William Herschell] wrote a poem concerning the beauties and blessings of life in Indiana and every verse closed with the line, "Ain't God Good to Indiana?"

The poem was written before one of our governors took up his residence in the federal penitentiary at Atlanta, before our present governor was indicted for an offense that may put him in a penal institution, before the mayor of our principal city of the state was required to furnish a bond to keep himself out of jail, before numerous state officials were proved to be guilty of malfeasance of one kind or another, before the blight of the Ku Klux Klan-ism had ruined the fair reputation of the state, and before many other evidences of crookedness and rascality in the state's public life had come to light.

However, there is much evidence to the effect that Indiana is going to clean house, and it is just as well to carry the housecleaning to the remotest corners of our official life, even to deputy constables and deputy assessors.

As an evidence of some of the rottenness that exists in Indiana, a highly respected citizen re-

ported an interesting episode to the Rotary Club of Fort Wayne, which is as follows: A stray dog came to the home of a laboring man who had a sick wife and several children to support, and who much of the time was out of work. The dog formed an attachment for the children and remained. A few weeks later a deputy constable asked the laboring man if he had paid dog tax, and upon being informed that no tax had been paid the laboring man was haled into court and fined twenty dollars for not paying the dog tax.

When the court was informed that the owner of the dog had no money, and was out of work, a sentence of twenty days in jail was imposed in lieu of the twenty dollar fine.

In reporting the incident to the Rotary Club the business man quoted the sentence which forms the title of this editorial, "Ain't God Good to Indiana?" There are many occurrences of a similar nature occurring in Indiana, any one of which is sufficient to make a man with red blood hot with indignation.

JISMA, March 1928

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# INTRODUCING THE NEW, LARGE AUDI 5000 AND THE ENGINEERS WHO DESIGNED IT.



**Ferdinand Piëch,  
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I designed racing cars before coming to Audi. But the Audi 5000 was a bigger challenge. A racing car can be designed to last for a few races only. That is its job. A passenger car has

to do much more. Besides performing well, it must last a very long time. I knew we had assembled remarkable engineering talent. But they surprised even me.

**Werner Schulze,  
Interior Design:** A high-performance car doesn't have to have an interior like the cockpit of a fighter plane. I felt it was important for the Audi 5000 to have a comfortable atmosphere that was not distracting, the same as a driver would find in his home. It makes him a calmer, better driver.

**Dr. Anton Wimmer,  
Structural Safety:** A man named Timoshenko had a theory of construction which could help make safe cars. Yet no one had ever tried it. I did try it, and the results were remarkable. I believe it will take our competitors years to utilize this theory. Someday, perhaps, this construction could save your life.

**Dr. Franz Behles,  
Assistant Director:** The Audi 5000 is the largest German car for the money. Yet for all its size, it is also surprisingly lively. At about \$8,500,\* we feel there is no other car with our combination of room, handling, acceleration, and comfort.

**Franz Hauk,  
Engine Design:** When I proposed the 5-cylinder gasoline engine, my colleagues smiled. I insisted, even though no one had ever done it before. It wasn't easy. But now, I believe we have an engine that offers outstanding performance like a 6, and great efficiency like a 4. They smile a different smile now.

**Dr. Fritz Naumann,  
Power Train Testing:** We designed the Audi 5000 with as few moving parts as possible to make it reliable. Parts that are not in the car can never break. It wasn't easy. Sometimes I think they call the car the Audi 5000 because that's how many dinners I missed. Please come in and drive it. It was a lot of work.

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WILLIAM M. DUGAN, JR., M.D.  
Board of Directors  
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New information from  
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## CANCER CORNER

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### New Literature

The National American Cancer Society has prepared a booklet, "Laetrile Background Information," to provide a comprehensive presentation on the Laetrile issue and to clarify the Society's stance on the issue.

Intended as a reference for medical and health professionals, the booklet addresses not only the medical aspects of Laetrile but the social, legal, and political considerations as well. It is available from the American Cancer Society, Indiana Division.

\* \* \*

### Smoking's a Bad Scene

A new series of American Cancer Society anti-smoking radio spots offer a wide range of musical styles and comic skits.

Three versions of "The Surgeon General's Song" are set to music of the nostalgic Fifties, the easy-going rock of the late Sixties, and the acid rock of the Seventies.

There are cartoon characters that will appeal to youngsters. "Impersonation Theater" is a hilarious group of spots which are takeoffs on famous movies.

The messages exploit the unattractive side of smoking to combat the "beautiful people" approach.

\* \* \*

### A Mistake Women Can Avoid

Mary Brown was 43 years old and knew she was dying of lung cancer.

To see her lying on a couch, emaciated and weighing only 88 pounds, it was hard to believe she was the beautiful vivacious woman seen on a Hawaiian beach just a few months before.

This true story was shown in "The Feminine Mistake," a film by Medix, a syndicated weekly TV health series. It was produced in cooperation with the American Cancer Society.

Mary's voice breaks as she tells how she, a heavy smoker, had thought it might take a few years from her life as she reached old age. "I never thought such a little thing could cause all this," she said. "In the ads it was supposed to make you sexy." Shortly after she was filmed, Mary was dead at 43.

Besides this story, "The Feminine Mistake" showed a monitoring test on the fetus of a pregnant woman smoker. Her unborn baby was seen breathing normally, but when the mother smoked a cigarette the fetus stopped breathing.

In another test a young woman smoker did not smoke for several hours as part of the experiment. Her normal blood pressure was 100 over 65. But when she smoked a cigarette it shot up 15 points. Her bronchial

tubes contracted and the blood vessels of her hand constricted. She stopped smoking.

In other sequences the film showed wrinkled women 53, 63 and 65 years old who had smoked heavily for decades. Dr. Harry Daniell of the University of California described a study of 1,000 people which indicated their constricted blood vessels probably made their skin more susceptible to sunlight.

It was a frightening series of scientific revelations that clearly show the risks women who smoke subject themselves to.

\* \* \*

### Federal Task Force on Smoking

A Federal Task Force on Smoking is currently studying a national strategy to reduce cigarette smoking in the United States.

Set up by HEW Secretary Joseph A. Califano, Jr., the Department Task Force on Smoking is now preparing legislative and administrative proposals.

The Task Force, under the direction of Dr. Julius B. Richmond, Assistant Secretary for Health, is considering such areas as biological and behavioral research, health education of school age children and high risk groups, public information, economic incentives, and regulatory activities.

Last June, Secretary Califano noted the inconsistency of the Government's policy of discouraging smoking while subsidizing tobacco cultivation at a cost of nearly \$80 million. He said he hoped the Department of Agriculture could find a way of ending the subsidies, while protecting small tobacco farmers against economic hardship.

"But I do think that when the evidence is overwhelming that cigarette smoking kills, we should look to the extent to which the Government in effect encourages smoking," Secretary Califano said. "It is not the function of this Government to make it less expensive to buy something that is going to give people lung cancer, heart disease, and emphysema."

\* \* \*

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Cancer patients and their families need lots of help when the patient comes home. And that's what we're here for. To offer personal services that will keep the family going. Ease the worry. Solve many problems.

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—F. SCOTT FITZGERALD  
THE CRACKUP, 1936



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And, in anxiety/depression, Adapin® (doxepin HCl) often helps restore disturbed sleep patterns, such as early morning awakening, with a single daily dose at bedtime! Adapin quickly relieves the patient's anxiety, gradually brightens his mood and outlook, with optimal antidepressant response usually evident within two to three weeks.

I. Goldberg HL, Finnerty RJ, Cole JO: Doxepin: Is a single daily dose enough? *Am J Psychiatry* 131:1027-1029, 1974.

### Brief Summary of Prescribing Information

**ADAPIN®** (doxepin HCl) Capsules

**Indications**—Relief of symptoms of anxiety and depression.

**Contraindications**—Glaucoma, tendency toward urinary retention, or hypersensitivity to doxepin.

**Warnings**—Adapin has not been evaluated for safety in pregnancy. No evidence of harm to the animal fetus has been shown in reproductive studies. There are no data concerning secretion in human milk, nor on effect in nursing infants.

Usage in children under 12 years of age is not recommended. MAO inhibitors should be discontinued at least two weeks prior to the cautious initiation of therapy with this drug, as serious side-effects and death have been reported with the concomitant use of certain drugs and MAO inhibitors.

In patients who may use alcohol excessively potentiation may increase the danger inherent in any suicide attempt or overdose.

**Precautions**—Drowsiness may occur and patients should be cautioned against driving a motor vehicle or operating hazardous machinery. Since suicide is an inherent risk in depressed patients they should be closely supervised while receiving treatment. Although Adapin has shown effective tranquilizing activity, the possibility of activating or unmasking latent psychotic symptoms should be kept in mind.

**Adverse Reactions**—Dry mouth, blurred vision and constipation have been reported. Drowsiness has also been observed.

Adverse effects occurring infrequently include extrapyramidal symptoms, gastrointestinal reactions, secretory effects such as sweating, tachycardia and hypotension. Weakness, dizziness, fatigue, weight gain, edema, paresthesias, flushing, chills, tinnitus, photophobia, decreased libido, rash and pruritus may also occur.

**Dosage and Administration**—In mild to moderate anxiety and/or depression: 25 mg t.i.d. Increase or decrease the dosage according to individual response. Daily dosage, up to 150 mg may be taken at bedtime without loss of effectiveness. Usual optimum daily dosage is 75 mg to 150 mg per day not to exceed 300 mg per day.

Antianxiety effect usually precedes the antidepressant effect by two or three weeks.

**How Supplied**—Each capsule contains doxepin, as the hydrochloride: 10 mg, 25 mg, 50 mg and 100 mg capsules in bottles of 100 and 1000.

For complete prescribing information please see package insert or PDR.







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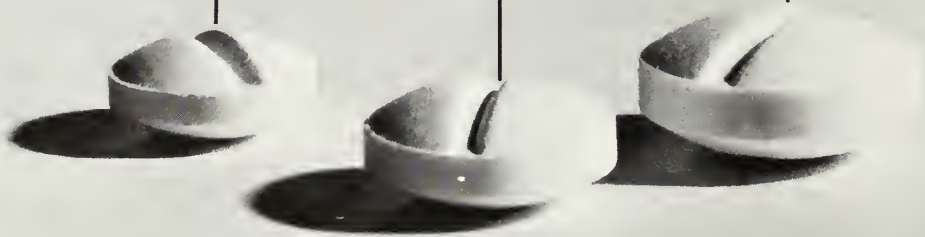
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THE JOURNAL, in cooperation with the Division of Postgraduate and Continuing Medical Education of the Indiana University School of Medicine, offers its readers a Continuing Medical Education program. This is the third in a series of articles written for purposes of continuing medical education—produced by the faculty of the School of Medicine and supported by a grant from its

Division of Postgraduate and Continuing Medical Education.

Through reading and following each article carefully and answering the Quiz correctly, one hour of Category 1 AMA Continuing Medical Education credit is offered for the reader's application for the Physician's Recognition Award of the American Medical Association.

Details and quiz on Page 341.



## Platelet Studies as a Measure of Coagulative Integrity of the Surgical Patient

ROBERT J. ROHN, M.D.  
ROBERT L. CAMPBELL, M.D.  
JOANNE C. CLARK  
Indianapolis

**I**F a surgical procedure is to be successful, hemostasis must be maintained from the moment of the first incision until the wound has achieved stable union. Measures to effect hemostasis include meticulous ligation of vessels in the operative site and immobilization of the wound. Without hemostatic activity in the tissues, however, the most painstaking ligation would prove ineffective. To identify the surgical patient with coagulative deficits has been, and continues to be, a difficult problem.

The authors are with the Indiana University School of Medicine. Dr. Rohn is chief, Division of Hematology, Department of Medicine; Dr. Campbell is with the Department of Neurosurgery; and Ms. Clark is a medical technologist, Division of Hematology.

Historical information is, of course, quite useful in alerting the surgeon to the possibility of bleeding complications and may guide the physician in choosing coagulation studies that are likely to yield the most information. Such information is most frequently encountered in the genetic disorders of coagulation. These disorders, though striking in their presentation and controllable by specific replacement factors, are relatively few in number and, for the most part, present relatively few problems.

The big problem is identifying the individual with acquired coagulative disorders before surgical procedures are performed. For many hospitals, even today, this consists of a mandatory preoperative "bleeding" and "clotting" time test. This

screen is often ineffective in identifying individuals with even major coagulative defects and, if improperly performed, may be abnormal in a normal individual. Accordingly, many hospitals have discontinued this screen as a pre-operative prerequisite. Some hospitals do certain pre-operative screening coagulation studies to identify the surgical patient who may risk abnormal bleeding. Such tests will vary from hospital to hospital but will often involve some quantitation of platelets and of fibrinogen, a prothrombin time, and a partial thromboplastin time. These data will permit identification of the majority of patients with deficits in adequate number of platelets, deficits in Factors VII, IX, and X, and deficits in Factors II, V, VIII, and in fibrinogen. A screen for split products added to the previously discussed tests will identify additional individuals at risk because of hypercoagulable states.

In the past year, however, we have been surprised to demonstrate that many individuals with no history of a bleeding diathesis who demonstrate normal platelet levels, normal prothrombin times, normal partial thromboplastin times, normal fibrinogen levels, and negative split-fibrin products may yet demonstrate coagulation defects which, if uncorrected, can result in abnormal operative and post-operative bleeding.

Platelets (thrombocytes) are key elements in the initiation of blood coagulation, stability of the formed clot, contractibility of muscular-walled small vessels in the area of tissue injury and retraction of the formed clot. It has long been apparent that decreases in the circulating platelet level below 100,000/cubic millimeters will result in increasing risk of hemorrhage; the lower this level goes, the greater the risk of hemorrhage. What was much less apparent was the possibility that, in some individuals with reasonable levels of circulating platelets, the risk of hemorrhage was present because their platelets were unable to function properly. It was evident at a fairly early date that some individuals had an inherited malfunction of their platelets. Tests for platelet function were, for the most part, complicated and difficult, and the only simple test for platelet function was the crude measurement of the time of clot retraction. As a by-product of the study of platelet function, two relatively simple tests became available to measure and indirectly to quantify inherited and acquired defects. These tests measure the ability of platelets to adhere to a surface, and the ability of platelets to adhere to each other under the stimulation of certain substances such as epinephrine, ristocetin and collagen.

The adhesiveness of platelets can be measured by drawing a known quantity of platelets at a standard rate of speed through a glass column of standard size filled with weighed glass beads. From the number of platelets that emerge, the number adhering to the glass surface is calculated and then expressed as a percentage of "adhesiveness." This value, in our laboratory, is 85% or more.

The ability of platelets to aggregate can be measured in a platelet aggregatometer. Using this apparatus, one may inject various substances into a platelet system and quantitate the ability of platelets to aggregate under such circumstances.

Approximately one year before this study, the neurosurgical service asked the Hematology Division of the Department of Medicine to see and advise them on a post-operative neurosurgical patient, with apparently normal coagulation function, who had demonstrated bleeding problems in the course of a surgical procedure and in the post-operative period. Studies were within normal limits with the exception of the platelet adhesiveness and platelet aggregation studies, which were markedly abnormal. Since that time, we have been able to study the coagulation values of 85 patients who were scheduled for an operative neurosurgical procedure.

Routinely, such patients had the following studies performed: complete blood count, platelet and reticulocyte count, prothrombin time, partial thromboplastin time, thrombin time, fibrinogen, platelet adhesiveness, and platelet aggregation with epinephrine stimulation.

If either the prothrombin or partial thromboplastin time was found to be abnormal, appropriate procoagulant factor levels were ascertained. If abnormalities were noted in the thrombin time or fibrinogen level, split fibrin products levels were determined. If there were any question of an inherited coagulation abnormality, bleeding times and platelet aggregation with ristocetin stimulation were studied. These patients were selected only in that they were candidates for a neurosurgical operative procedure. The findings of this study are summarized below.

In studying these patients, the following were regarded as normal values:

- Bleeding time (Duke): **3 to 5 minutes**
- Quick 1 stage prothrombin time: **11 to 13 seconds**
- Activated partial thromboplastin time: **25 to 30 seconds**
- Thrombin time: **20 to 23 seconds**
- Dade fibrinogen: **170 to 410 mom. %**
- Platelet adhesiveness, modified from method described by Salzman<sup>1</sup>, Bowie, *et al*<sup>2</sup>, and Rossi and Green<sup>3</sup>: **greater than 85%**
- Platelet aggregation with a Chrono - Log<sup>TM</sup> aggregometer: **greater than 75%.**
- Blood platelets: **400,000 + / cubic millimeters**

In all, 85 patients—52 women and 33 men—comprised this study. All were adults and all were candidates for an operative neurosurgical procedure. Forty-one of the patients showed no abnormalities on the

coagulation profile described above and none demonstrated bleeding complications. Forty-four patients did show abnormalities in one or more functions; four of these 44 had bleeding complications of greater or lesser severity. The low incidence of bleeding complications can be, in considerable part, ascribed to avoidance of surgery until major coagulation abnormalities were corrected. The abnormalities in these patients were as follows:

1. One patient had only a prolonged bleeding time.
2. One had a prolonged bleeding time with decreased fibrinogen, depressed platelet adhesiveness, and depressed platelet aggregation.
3. Four had a prolonged bleeding time with depressed platelet aggregation.
4. Two had only prolonged prothrombin time.
5. One had a prolonged prothrombin time with a prolonged partial thromboplastin time and a prolonged thrombin.
6. One had a prolonged prothrombin time with depressed platelet adhesiveness and platelet aggregation.
7. Twenty (including the patients noted in #3 above) had only depressed platelet aggregation.
8. Two had only depressed platelet adhesiveness.
9. Fourteen including the patients in #5 and #6 above had both depressed platelet adhesiveness and platelet aggregation.

As can be seen above, depression of platelet adhesiveness and/or platelet aggregation constituted 80% of the abnormalities found and, indeed, constituted 42% of abnormalities in both the normal and abnormal testing population. The most

frequent abnormal value was the epinephrine stimulated platelet aggregation. Next in frequency was an abnormal platelet adhesiveness.

A number of conditions may result in qualitative disorders of platelet function, and these may be acquired as a result of disease, i.e., uremia, proteinopathies, or myeloproliferative disorders (polycythemia rubra vera, thrombocythemia, chronic granulocytic leukemia). By far the greatest number of qualitative platelet disorders are a result of prior drug ingestion. Among the drugs that interfere with normal platelet function are many of the analgesic-antipyretic drugs, anti-depressant drugs, adrenergic blocking agents, and a variety of miscellaneous drugs. In questioning these patients as to their history of drug use, the overwhelming majority gave a history of salicylate ingestion, either as a straight salicylate or in combination with other agents. Our studies would show that salicylates tend to interfere with platelet function for 14-18 days after their ingestion. If there is urgent need for surgical intervention, in the face of depressed platelet function, we have found that transfused donor platelets can initiate normal clotting activity. It should be noted, however, that platelet transfusions will be required not only for the day of surgery but also for the four to five succeeding days after surgery has been completed. In the elective surgical procedure, it is probably far safer to postpone a surgical procedure until such time as uncontaminated platelets can demonstrate normal functional competence.

Since many candidates for elective surgery of any kind—orthopedic, general surgical, ophthalmo-

logical, and gynecological—suffer from pain, many (if not the majority) of them will be using a wide variety of analgesic agents. Since many of such agents contain medications that interfere with platelet function—salicylates, indomethacin, phenylbutazone, among others—the possibility that patients taking these drugs will have incompetent platelets must be considered and evaluated. Not all such patients will have significant defects in platelet competence, but a significant number will have such defects and a further significant number of these individuals may have a surgical bleeding complication.

Therefore, candidates for any kind of surgical intervention should, in the three- to four-week period preceding surgery, avoid salicylates, indomethacin, and phenylbutazone. If pain relief is essential, acetaminophen and codeine should be the drugs of choice. If surgical intervention is mandatory and the drug exposure is not known, or it is known that drugs that interfere with platelet function have been used, evaluation of platelet adhesiveness and epinephrine-stimulated platelet aggregation should be obtained. Of these two studies, platelet adhesiveness seems to be most closely correlated with hemorrhagic complications. In our experience, any platelet adhesiveness value below 50% of normal is associated with a significant, frequent incidence of bleeding problems, and adhesiveness values less than 20% of normal will almost invariably be associated with bleeding complications. In our study, while epinephrine-stimulated platelet aggregation is a highly accurate delineator of the contamination of platelets with drugs that interfere with platelet function, it is not as accurate a prognosticator of

bleeding complications as is the platelet adhesiveness test. Indeed, in the presence of a normal platelet adhesiveness, we have seen patients with platelet aggregation values of less than 10% of normal who demonstrated no bleeding complications during the operative or post-operative period.

It is recommended that all the usual coagulation factors should be

either normal or corrected to normal before undertaking surgical procedures.

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See Quiz, Page 341

### Indiana Medical Foundation

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### Gas-Liquid Level

## There's a Word for It

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It is part of the language of medicine to speak of "air-fluid levels" in the abdomen, chest, and paranasal sinuses. It is such a commonly used term that it appears to be used without question.

But I don't think it's a good term.

Air is a well-defined mixture of gases, about 80% nitrogen and 20% oxygen, with tiny amounts of other gases. By the time swallowed air reaches the colon, much of the nitrogen and oxygen have been absorbed and replaced with methane, hydrogen sulfide and other gases. Gas seen in the colon is no longer air, but a mixture of other gases. It seems improper to call it "air" by

use of the term "air-fluid level."

And "fluid" in "air-fluid level" is used to mean a liquid. But not all fluids are liquids; many fluids are gases. Both gases and liquids are fluids, for both of these states of matter flow. It's improper to equate fluids with liquids.

"Gas-liquid" is three syllables long; it is no longer a term—takes no more effort to say or write—than "air-fluid." And "gas-liquid" is precise; it doesn't imply the ignorance of equating fluids with liquids that use of "air-fluid level" does.

I think we should use the term "gas-liquid level." But what do you think?

# PKU

# and

# Hypothyroidism

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## Blood Test

## for

## Newborn Infants

Screening of newborn infants for PKU has been an accepted procedure which has resulted in the prevention of mental retardation in a significant number of children. Recently, techniques have been developed enabling the screening of newborn infants for hypothyroidism, and many hospitals in Indiana have already established a dual-screening program for PKU and hypothyroidism as recommended by the American Academy of Pediatrics (*Pediatrics* 60:389-404, Sept 1977).

As more and more hospitals adopt this as a routine screening procedure, I have prepared this article as a suggested model for informing parents concerning the reason for the blood test.

**J**ust before you take your baby home from the nursery, the nurse will obtain a few drops of blood from his heel and send them to the laboratory where they will be analyzed for the possibility that he has phenylketonuria (PKU) or hypothyroidism. PKU and hypothyroidism are disorders which usually cause mental retardation unless detected and treated very early in life.

### PKU

Children with PKU appear normal at birth but they lack an enzyme which is needed for the body to properly make use of phenylalanine, an essential amino acid in protein foods. After birth, when a baby with this defect takes milk, either breast or cow's milk, phenylalanine and its by-products begin to accumulate in his body, preventing the brain from developing normally and causing other harm.

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From the Department of Pediatrics, James Whitcomb Riley Hospital for Children, Indiana University School of Medicine.

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Special formulas and recipes are available for PKU babies and children, and it has been proven that starting the diet during the first few weeks of life—and properly maintaining it—will prevent mental retardation.

Early detection and treatment has been so effective in preventing mental retardation that 46 states, including Indiana, have passed laws which require that all newborn infants be tested, even though the chance of a newborn baby having PKU is only about 1 in 20,000.

PKU is hereditary, but the pattern is such that it occurs in children in the absence of any apparent abnormality in the parents.

The test is of limited value unless your baby has been taking and retaining feedings for a period of time adequate to test his ability to utilize phenylalanine. For this reason, if your baby is discharged from the hospital earlier than usual, your physician may arrange to have the test carried out within the following week.

### HYPOTHYROIDISM

Children with hypothyroidism usually appear normal at birth even though they lack enough thyroid hormone to permit proper mental and physical growth and development. The blood test will tell whether your baby has an adequate amount of thyroid function to prevent the disorder from developing. If your baby cannot produce an adequate supply of thyroid hormone for his needs, your doctor can prescribe the proper amount of hormone which can be given once a day by mouth and which has been found to be effective in preventing mental retardation and the other symptoms from developing. The disorder occurs in approximately one baby in every 6,000 born, so that it is more common than PKU.

Full term abdominal pregnancy is a rare occurrence. This case is the first in W. S. Major Hospital, Shelbyville, Ind., since it was established in 1924. The hospital has 15 obstetrical beds. In the last 10 years we averaged approximately 331 deliveries per year. We do an average of 12 cesarean sections a year. The county population is 40,000. We do not have an Obstetric-Gyne specialist. Our cesarean sections are done by our four surgeons.

## A Case Report and Review of Literature

# ABDOMINAL PREGNANCY, Full Term

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**T**his is a 31-year-old white female, divorcee, who was admitted to the W. S. Major Hospital Jan. 7, 1977 at 8:10 p.m. because of what appeared to be labor pains. The patient's apparent last menstrual period was in April 1976. Her expected date of confinement was in January 1977. She had been followed by her family doctor during pregnancy and during the follow-up nothing unusual was noted. She claimed that during her first two months of pregnancy she had excessive vomiting. She had some mild discomfort in the lower abdomen and also some low back pain. She said she really could not give any comparison as to whether the pregnancy was usual because she had not had any pregnancy in the past.

**Pertinent Past History:** On Jan. 27, 1966, she underwent surgery at the Orange County Hospital in Paoli, Ind., for a right ectopic pregnancy for which a right salpingo-oophorectomy was performed. This was the only other pregnancy she had had until this present one.

**Pertinent Findings on Admission:** General appearance: She was quite pale, complaining of mild abdominal pain and back pain. She appeared to be weak. Her blood pressure was 126/80, pulse 120 and respiration 20. Chest was clear

to auscultation. Heart was in normal sinus rhythm and no murmurs were appreciated. The most important findings were centered in the abdomen which showed a globularly enlarged abdomen. By palpation I could feel the fetus appeared to be in transverse position with the head to the left and the extremities to the right. My pelvic examination revealed I could not delineate the border of the cervix. I could feel only some soft balloon type tissue at the tip of my finger. I could barely reach any part that resembled fetal parts. At the time of examination I presumed the patient was fully dilated with a protruding bag of water or placental tissue. The fetal heart sound was good at about the rate of 130 to 136 per minute.

**Pertinent Laboratory Findings on Admission:** W.B.C. 11.5, R.B.C. 3.02, hemoglobin 8.1 grams, hematocrit 26.2%. Polys 63, stabs 2, lymphs 33, eosinophils 2. MCV 85, MCH 6.3, MCHC 13%. Pro-time 88%, or 12.5 seconds. PTT was 26.5 seconds.

**Hospital Course:** The patient was seen on surgical consult three hours after admission. The family physician felt that the patient needed to have this consultation because of the abnormal fetal position. After the examination noted above it was decided that cesarean section was indicated.

**Findings at Operation:** There was an unusually huge globular structure that did not appear like the usual pregnant uterus. The structure was very thick and spongy at the lower portion and was very thin, almost paper thin, at the up-

per portion. This structure was very richly covered with dilated veins. Since a positive identification of the junction of the cervix and body of the uterus was not quite certain and because of the presence of mostly longitudinally directed varicose dilated veins, a classical incision was made beginning at the lower portion of this huge globular structure.

A longitudinal incision was made instead of the usual transverse incision. The first thing that was noted was a tremendous amount of bleeding and the tissue that was cut appeared very spongy like placental tissue, which it was. As I went deeper, I could not get into the cavity that I was expecting like the usual uterocervical area. My first impression was that I was cutting into a placenta praevia or a hydatidiform mole. Since I could not feel any cavity or any fetal part where I was making the incision, I extended the incision cephalad and was able to go into a cavity filled with serous fluid which probably was amniotic fluid. It was a deep cavity with its posterior wall adherent to the retroperitoneal area. The lumbosacral region was easily felt. This finding was not usual. I felt the fetal head to the left of this cavity.

I was able to maneuver and deliver the baby without difficulty. From what I can surmise the placenta was attached extensively to the retroperitoneum, to the left lateral outside wall of the uterus and to the anterior outside wall of the sigmoid colon. The umbilical cord was divided and a portion of the lower placental tissue at the origin of the incision was excised. The

From the Inlow Clinic, Inc., 103 W. Washington St., Shelbyville, Ind. 46176.

rest of the placental tissue was left behind. Careful and thorough hemostasis was done on the raw surface with the use of suture ligatures of 2-0 chromic. The live baby girl was delivered 10 minutes from the time of induction of Pentothal anesthesia. Birth weight was 4 pounds, 8 ounces.

As soon as the baby was delivered, the anatomic relationships were now a little bit clarified. The uterus apparently was pushed to the right of the pelvic cavity. The huge membranous cavity that covered the baby throughout its development had occupied the central and left portion of the pelvic cavity. The left Fallopian tube was completely obliterated and positive identification of the same was almost impossible. However, there was a structure that resembled a Fallopian tube and a portion of this structure was excised. Part of the right Fallopian tube was identified which had already been resected when she had the previous ectopic pregnancy.

After satisfactory hemostasis, an appendectomy was performed and the abdomen was closed in the usual manner. She received four units of whole blood during the procedure.

Postoperatively, the patient had some abdominal distention and also she developed pneumonia but these problems resolved. She was placed on antibiotics and multivitamins. She also had some hypoalbuminemia for which she was given low salt albumin intravenously. She was dismissed on the tenth postoperative day in good condition. She was dismissed with multivitamins, one a day, and Niferex, 150 mg. b.i.d. She had three units of whole blood postoperatively.

The baby was in good physical condition and was dismissed with the mother.

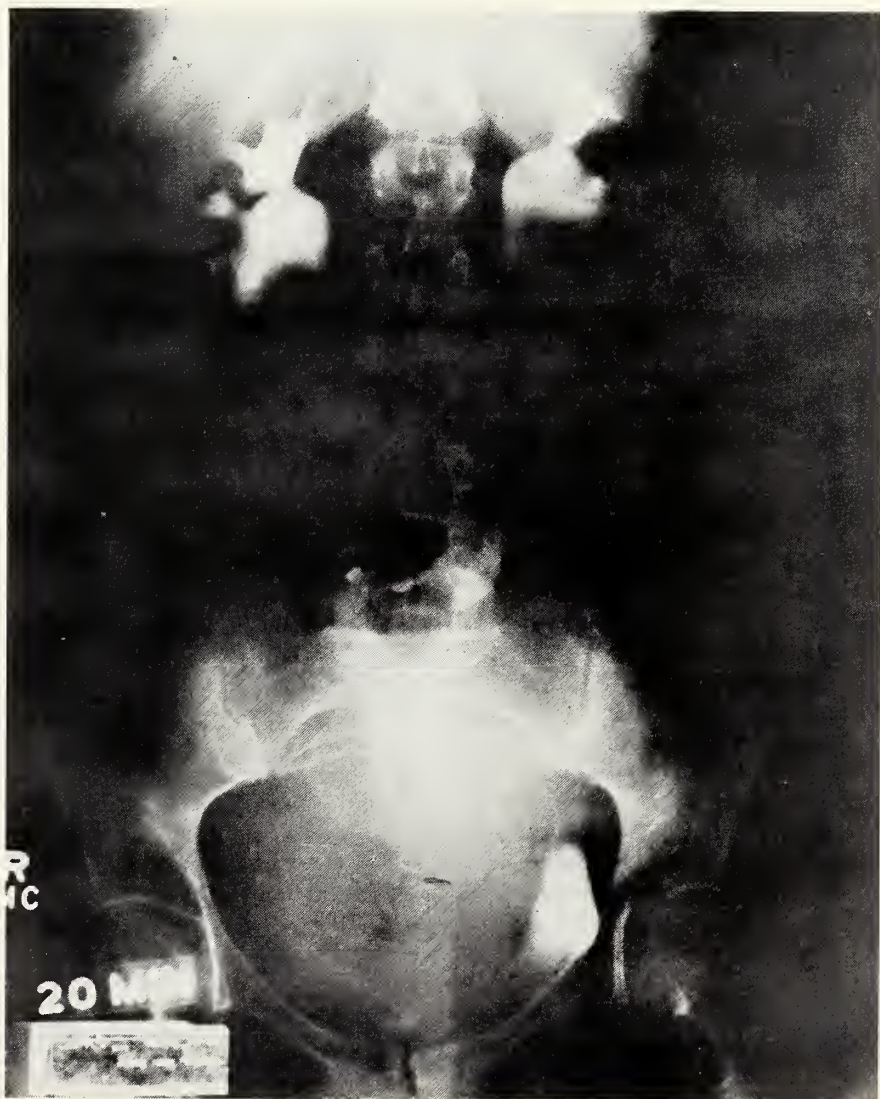
Subsequent follow-up was on Jan. 25, 1977. The hemoglobin at that time was 13 and hematocrit 38. Patient had a fairly good appetite and examination of the abdomen showed the abdomen was much smaller than at the time of dismissal and softer, but I could still feel a lumpy area on the left side which

was probably the remnants of the placental tissue. On the right side there was still a lump which is probably the uterus, and in the lower area just above the symphysis pubis and to the left there is a slightly tender area. Ultrasonography was performed at that time which was reported as follows:

"The uterus is enlarged more than one would expect post-partum, especially since this patient had an abdominal pregnancy. There are increased echoes in the anterior wall of what we take to be the uterus simulating placenta. The remainder of this structure is more sonolucent than expected suggesting a bladder or fluid filled sac. There is a suggestion of partial septum in the central portion of the sac. The size

is estimated to be 8 x 12 cm. In addition, there is a cystic structure adjacent to the upper portion of the uterus on the left measuring 4 x 5 cm."

Subsequently, the patient was again seen Feb. 15, 1977. She said she had lost 10 pounds since dismissal from the hospital. She claimed her appetite was good and her bowel movements were regular. Abdominal examination at that time showed the uterus was still very prominent up to about two inches above the umbilicus. On the left side the lumpiness was less. There was still slight tenderness to the left of the midline above the symphysis pubis. The hemoglobin was 13.7 grams, hematocrit 42%. The baby to date is doing fine.



Intravenous pyelogram shows hydronephrosis.

## DISCUSSION

The standard obstetric textbook incidence is one in 15,000 live births.<sup>1</sup> The incidence varies from different reports. Tan in Singapore reported an incidence of 1 to 50,-820 deliveries, Beecham & Beecham reported 1 in 2,081 deliveries, King 1 in 6,414 normal pregnancies, Yahia 1 in 8,550 viable pregnancies, Suzpan 1 in 15,000, Gaither & Clark 1 in 1,746 pregnancies,<sup>2</sup> and G. F. Clark and R. S. Guy 1 in 2,075 deliveries. It is most frequent with first or second pregnancy.<sup>3</sup>

**Diagnosis:** It is probably safe to say that you are more likely to diagnose it if you keep it in mind every time you see a pregnant woman. Here are some of the signs that might be of help to the examining physician:

- Unusual abdominal pain throughout the pregnancy: The drawback to this sign is that most women with ectopic pregnancy are primi gravida or secundi gravida, para I so that they don't have any comparison. This is true in this case.

- The physical examination may show an unusually easily palpable fetus in a transverse or other abnormal position. There may be two separate masses, uterus and the amniotic sac for the baby.

- Radiologic examination may help. The fetal skeletal parts may overlap the maternal vertebral column.

It is of note that a case reported by Bennett<sup>4</sup> had x-ray done but was diagnosed preoperatively as term pregnancy, transverse presentation, possibly a cephalo-pelvic disproportion, so that x-ray diagnosis is not infallible.

One of the most constant findings is an abnormal fetal position. This should alert the examining physician when confronted with this finding, especially in primi gravida or secundi gravida with a history of ectopic pregnancy. Absence of uterine contraction is very difficult to evaluate in these cases. In the particular case that is reported, the nurses at the Obstetrical unit thought they were feeling some uterine contraction. As a rule, a

physical sign may not be helpful in the diagnosis.

**Treatment:** As soon as diagnosis is made, cesarean section is indicated. If the placenta can be safely removed without causing undue bleeding, it is advisable to remove it. If it is not feasible, then it can be left in place. The operating surgeon should bear in mind that post-operative bleeding, abdominal abscess and the probability of secondary operation are things that merit consideration. In one case report Bennett<sup>4</sup> did a supravaginal hysterectomy because of uncontrollable bleeding during the operation.

**Prognosis:** Only 15% to 20% are born alive. Most mothers are seen after the fetus is already dead. D. M. Mass and C. F. Sluber in the Obstetrics and Gynecology Survey, July 1976, reported a series from 1970 to 1972 from the Department of Obstetrics and Gynecology at the University of Orange Free State, Bloenfontein, South Africa, of 18 cases of advanced extrauterine pregnancy. There were no maternal deaths in the series but only one baby survived. Dorothy Gaither and John F. J. Clark followed up three cases of abdominal pregnancy.<sup>2</sup> One was a full term tubal pregnancy, the second was an abdominal pregnancy and the third was a utero-abdominal pregnancy. The evaluation was based on survivors' mentality, well being, ability to succeed in his environment, adjustment with age and educational advancement.

The first was seen at 26 years of age. He was noted to be a slow learner but was good enough to serve his country during the war in Vietnam. He served in the Navy. At the present time he works for the Coast Guard.

The second case was seen at 15 years of age and doing exceptionally well in school.

The third was three years old when seen and doing satisfactorily as expected considering his age.

According to several literature reports, the majority of the babies who survive indeed develop normally.

## SUMMARY

1. A case has been presented which was not diagnosed prior to laparotomy.

2. Review of literature indicates the rarity of this condition.

3. The crux of the treatment is whether to remove or leave the placenta alone. This decision has to be made at the operating table.

4. Prognosis for surviving babies is considered to be good.

5. When a physician keeps in mind this possibility when he sees a pregnant woman, his chances of making a diagnosis are much better.

## ADDENDUM

Subsequent follow-up approximately three months post-cesarean section demonstrated an expanding pelvic mass which is easily determined clinically. I.V.P. showed bilateral hydronephrosis because of this pelvic mass putting pressure on the distal ureters. A colon x-ray has also shown that this mass was putting pressure on the sigmoid colon.

The patient underwent surgery and the finding was a large pelvic mass located at the cul-de-sac and attached to the mesosigmoid. The uterus was located anteriorly and to the right. It was normal in size. The procedure was removal of this large pelvic mass which was approximately 8 to 10 inches in its greatest dimension. Fortunately, there was not much difficulty in separating this mass from the mesosigmoid without embarrassing the blood supply to the sigmoid colon. Embedded in this huge mass was a remnant of the left ovary which was also removed. Hysterectomy was also performed. The patient did very well and was dismissed May 2, 1977, in very good condition.

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## CLINICAL NOTES

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Kokomo

### Dermatitis Herpetiformis

The puzzle of dermatitis herpetiformis seems very close to solution. Circulating immune complexes, IgA deposits in dermal papillae and the histologic picture are all suggestive of an immune complex etiology. Sulfapyridine and dapsone are still used to treat the condition but are no longer considered useful as a diagnostic test. An association with gluten-sensitive enteropathy has led to the use of a gluten-free diet in the treatment of the disease. A recent report showed 93% of 81 patients were able to reduce their oral dosage and 28% were able to stop sulfone treatment completely. These figures are, in my experience, conservative. The gluten-free diet is difficult but hardly impossible. There is an excellent book on the subject which provides an approach to the preparation of pleasing and nutritious foods which are free of gluten.\*

Reunala, T., Blomqvist, K., Tarpila, S., Halme, H. and Kangas K. Gluten-free diet in dermatitis herpetiformis. I. Clinical Response of Skin Lesions in 81 Patients. *Br. J Dermatol* 97:473-480, 1977.

\*Wood, Marion M. *Gourmet Food on a Wheat-Free Diet*. Charles C. Thomas, Publisher, Springfield, Illinois (1967).

### Molluscum Contagiosum

The incidence of molluscum contagiosum in my practice has increased so much in recent years that it seems to be reaching epidemic proportions. The condition is a viral infection which is often carried on fomites. It starts with a few lesions and tends to spread locally. Treatment is not difficult provided one is willing to remove lesions periodically as they appear. In most cases, this can be done painlessly and without an appreciable amount of scarring by the use of Cantharone. A drop or two is applied to each lesion with the

wooden end of a cotton-tipped applicator and allowed to dry. Blisters appear in a few hours and are best left intact. It is helpful to remove two or three lesions in an inconspicuous area at the time of the first visit for histologic confirmation. Complications are relatively rare but the eyes and mouth should be avoided.

### Topical Antibiotics In Acne

An exciting new approach to the treatment of acne vulgaris is the use of topical antibiotics. Erythromycin is occasionally effective and tetracycline is somewhat effective in a special vehicle. However, clindamycin is undoubtedly the most effective topical antibiotic presently being used to treat acne. Furthermore, it seems to be about as effective topically as it is systemically. Although the Food and Drug Administration has not approved the use of this agent for acne, this has not prevented its widespread use throughout the United States. A topical preparation can be compounded by dissolving either the phosphate or hydrochloride ester in a 1% concentration in equal parts of alcohol and water. Both esters are stable and effective, but the hydrochloride is readily available and less expensive. Topical clindamycin is effective in only 50 to 60% of patients with pustular acne so a preliminary trial of therapy unilaterally is in order. The FDA has received rare reports of patients who developed diarrhea while on topical clindamycin but pseudomembranous enterocolitis had not been proved proctoscopically. The drug is not detectable in blood samples of patients on topical therapy but it can be found in trace amounts in the urine. At the present time, it seems best to exclude even topical clindamycin in patients who are pregnant and in those with a history of bowel disease.

\*Stoughton, Richard B. and Resh, William. Topical Clindamycin in the Control of Acne Vulgaris. *Cutis* 17:551-554, March 1976.

\*Resh, William and Stoughton, Richard B. Topically Applied Antibiotics in Acne Vulgaris. *Arch Dermatol* 112:182-184, 1976.

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# PULMONARY SCREENING: Current Application

Responsibility for the prevention and diagnosis of chronic obstructive lung disease (COLD) at its earliest stage rests on the physician, who should be well-acquainted with the advantages and the limitations of various modalities for diagnosing COLD.

The problems of chronic lung disease are of great magnitude, including both obstructive diseases (emphysema, chronic bronchitis and chronic asthma) and restrictive diseases (lumped together as chronic interstitial pneumonitis or pulmonary fibrosis).

The success of routine office breast examination and self-examination in reducing the incidence of advanced stages of breast cancer cannot be argued. This has diminished and, in some communities, abolished the dreadful presence of a breast mass big enough to be called either inoperable or far-advanced.

I am presenting this analogy between routine breast examination and routine pulmonary screening because, while breast cancer affects approximately half of our population (mainly the female patient), chest diseases and COLD affect all the adult middle-age group. The rate and amount of smoking is almost equal between men and women and we see an increasing number of cases of COLD in the female population.

The purpose of this article is to offer simple guidelines to assist in the early diagnosis and follow-up in the physician's office of the common chronic lung diseases. This is simply and accurately done through office spirometry. Not only should spirometry be done on a selective basis, but also on a routine basis for all patients presenting for either regular examination or pre-

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Gary

operative elective cases. Like the blood pressure and pulse, pulmonary screening should be documented in every patient's chart as a baseline of pulmonary status.

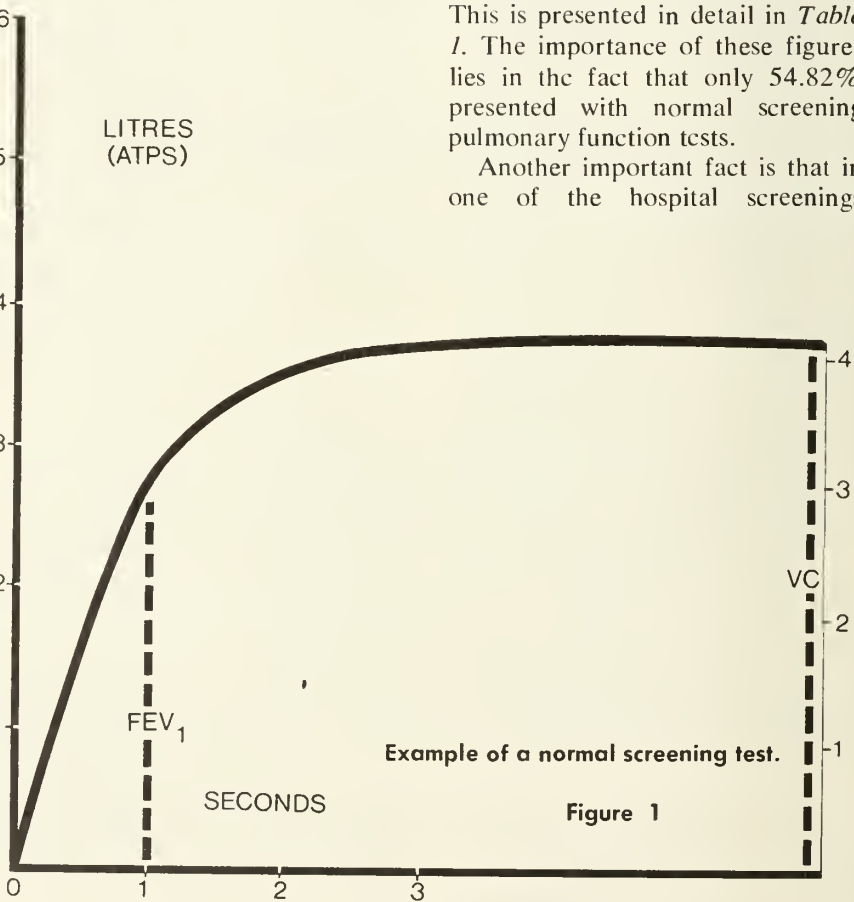
I emphasize, however, that the simplicity and rapidity by which a screening test can be done in no way replaces the services of a Pulmonary Function Laboratory in the community; rather, it is a supplement and a first step in complete diagnostic testing of respiratory function.

To prove that point, a retrospective study was done analyzing a series of screening tests performed at three different hospitals in north-west Indiana, as well as at a Public

Health Fair in the Gary area. All these hospitals include the pulmonary screening as part of the pre-operative work-up for all elective cases—patients from both sexes, as well as all above 12 years of age. Only patients with severe angina pectoris and those with mental problems were excluded, the former to avoid an attack and the latter due to the unreliability of the test results.

The total number of patients involved in that study was 6,660. There were 3,651 normal tests and 3,009 abnormal tests. The abnormal tests varied from mild restrictive lung or chest wall disease and mild obstructive airway disease to the marked and far-advanced ones. This is presented in detail in *Table 1*. The importance of these figures lies in the fact that only 54.82% presented with normal screening pulmonary function tests.

Another important fact is that in one of the hospital screenings



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DATE	HOSPITAL	NUMBER OF PATIENT SCREENINGS	NORMAL	ABNORMAL
1975	Gary Mercy	2595	1256	1339
1974	Hobart Mercy	1805	1018	787
1975	Porter Memorial	1259	812	447
1974	Health Fair	1001	565	436
	TOTAL	6660	3651	3009

(Gary Mercy Hospital) patients who were smokers or had smoked for any length of time over 10 years had abnormal screening tests, reemphasizing the strong correlation between smoking habits and pulmonary diseases.

Results of these abnormal screening tests were forwarded to the family physicians to become part of the medical records. The data that were gathered from a single screening test are as follows and are shown in *Figure 1*:

- Vital Capacity which, when reduced, may denote restrictive lung diseases. This is because the lungs and thorax cannot be stretched due to interference with expansion. Flow tests may also be abnormal late in the natural course of the disease, but in the early cases only the Vital Capacity is reduced. (*Dis. Chest* 43: 214, 1963)

- FEV<sup>1</sup> and FEV<sup>3</sup> (Forced Expiratory Volume at one and

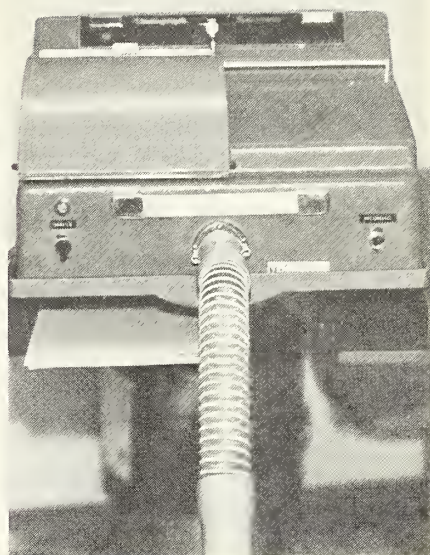
three seconds) which denotes the degree of obstruction of the airway.

Use of a small portable spirometer in the physician's office will allow the physician to have at hand the common measurements that are usually required. There are many types of spirometers on the market today.

- Direct recording spirometers: Jones Pulmonal, Oak Brook, Ill; and Vitalograph Ltd., Kansas City, Mo. (*Figure 2* and *Figure 3*). Both of these are practical office spirometers with little space-requirement. They are easy to use and require no special calibration. Each provides a record for the patient's chart.

- A newly introduced electronic spirometer, rapid and convenient, is the Monaghan 403 (Monaghan Company, Littleton, Colo.).

The practitioner may have documentation of his patient's lung condition to which he can refer in



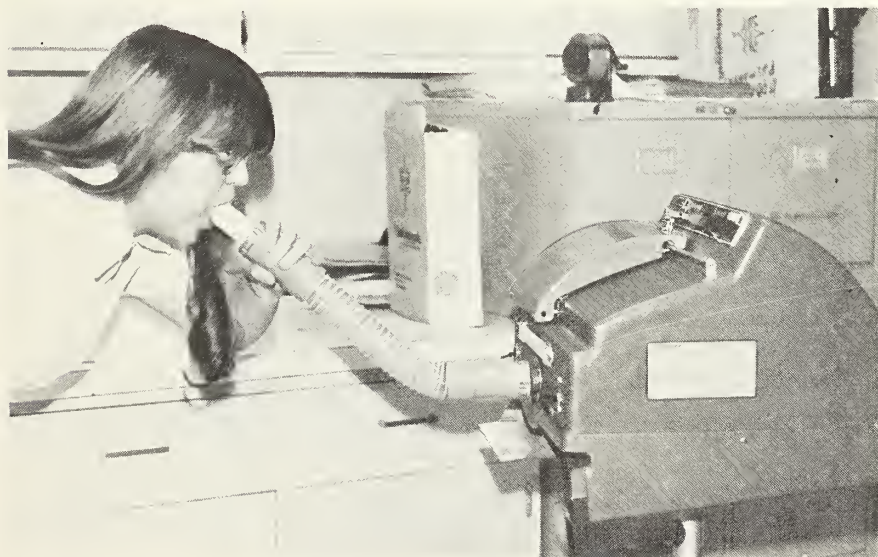
Vitalograph Spirometer

Figure 2

future examinations for comparison and/or for evaluation of a certain treatment. This also helps to convince patients who are chronic smokers and have some degree of abnormality that they have dysfunction. Repeating this test on a yearly basis after abstinence of smoking will encourage and increase the enthusiasm of these patients in keeping away from their habit.

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Patient uses the Spirometer

Figure 3

## A CASE REPORT

# Creation of Pelvic Tamponade by Deliberate Ureteral Obstruction in Treatment of Intractable Unilateral Renal Bleeding

RODNEY A. MANNION, M.D.  
LaPorte

Although not widely known or utilized, there is a direct cystoscopic method for control of unilateral renal bleeding. It is non-invasive except for the cystoscopy. It was first used by Dees<sup>1</sup> and reported in 1965. He placed a #10 or #12 ureteral bouge into the ureter up to the renal pelvis and allowed it to remain up to 72 hours. After removal all five of his reported cases remained free of hematuria. (see *Figure 1*) A similar method of ureteral obstruction using a Fogarty catheter was reported in 1975<sup>2</sup>. The following case report delineates successful use of the latter technique. The patient had been evaluated by two urologists prior to treatment and nephrectomy seriously considered as the only recourse.

### CASE REPORT

This 39-year-old white female was seen in June 1975 for a "second opinion" after a urologist had recommended renal exploration for persistent left unilateral hematuria which was seen cystoscopically. She had had gross blood in the urine for approximately six months. The patient was understandably reluctant to undergo a major surgical procedure which would likely result in removal of a radiographically normal kidney. Therefore she was referred to the Mayo Clinic in July 1975 where cystoscopy again confirmed bloody efflux from the left ureteral orifice. Retrograde pyelography demonstrated generally nor-

mal renal architecture but there were small areas of tubular ectasia. Renal arteriogram was also normal. The hemoglobin was down to 9.8gm% while all other laboratory findings were normal including blood coagulation studies. She was placed on Amicar 1gm four times per day for 36 hours without improvement. She was discharged back to my care with the final diagnosis of unexplained hematuria, possibly secondary to occult analgesic use. I found no positive history for this habit at any time. The Mayo Clinic consultant recommended a repeat Amicar regimen, Folic Acid orally and Vitamin C tablets orally.

She was admitted to St. Anthony Hospital in Michigan City, Ind., in July 1975, shortly after returning from Rochester, Minn. She received two units of blood intravenously—causing the hemoglobin to rise from 8.7 to 12.7gm%.

It was necessary to re-hospitalize her in October 1975. Because she had a history of gastrectomy (Billroth I) in January 1975, an upper GI series was done showing probably recurrent active peptic ulcer at the base of the duodenal bulb. The intravenous urogram was again normal.

After reading the article by Thomas *et al*<sup>2</sup>, I placed a #6 Fogarty catheter 10cm up the left ureter in January 1976. It was removed after 72 hours. She required Demerol in regular doses while the catheter was in place. Urine culture demonstrated over 100,000 colo-

nies/ml of proteus which responded to Keflex 500mgm q.i.d. orally. The urine was almost immediately clear and remained so for three weeks but hematuria recurred as before. The tamponade procedure was repeated in May 1976 when the catheter remained in place for 3-1/2 days or approximately 84 hours. The urine has remained completely free of blood since that time and the patient is asymptomatic.

### DISCUSSION

The technique requires cutting off the inflow valve of the Fogarty catheter in order to remove the cystoscope after insertion. I used about 1.5cc of Hyapaque, injected through a small needle, to fill the bag. This makes it radioopaque in case of spontaneous decompression. The catheter was occluded with two hemostats. A small Foley catheter was used to drain the bladder and splint the Fogarty catheter.

There are nine cases of renal pelvic tamponade described<sup>1 2 3</sup> in the American literature and eight were successful in stopping the bleeding. (*Figure 1*). The diagnoses ranged from sickle cell disease (two or possibly three), post percutaneous renal needle biopsy (three), so-called essential hematuria (two) and miscellaneous causes such as post-operative partial nephrectomy. My case would be called essential hematuria. Although some evidence of tubular ectasia is present radiographically, analgesic or phenacetin abuse is an unlikely possibility.

From the Mannion Urology Corporation, Fox Village Medical Bldg., LaPorte.

FIGURE 1

AUTHOR	DIAGNOSIS	TIME OF OCCLUSION	RESULT & FOLLOW-UP
Dees, J. E.	1. Sick cell disease, (Negro male)	24 hrs.	Clear at 8 mos. follow-up.
J. Urol. 1965	*2. Essential hematuria, (White female)	#10 Bouge-48 hrs. #12 Bouge-24 hrs.	Clear 9 mos. Recurrent hematuria from other kidney.
	3. Ulceration of calyx rule out TBC.	24 hrs.	Clear 10 mos.
	4. Sick cell disease, (Negro male)	48 hrs.	Clear 1 wk.—then blood recurred, then cleared, apparently by use of hyperbaric O <sub>2</sub> chamber).
	5. Hematuria II° to nephrolithotomy & partial nephrectomy—bled 44 days & Rec'd 16U blood.	72 hrs.	No bleeding noted 2 yrs. later.
Sacco, R. N., <i>et al</i>	1. Post needle biopsy (10-year-old boy) Rec'd 2U whole blood. (Given total 7U blood)	64 hrs.	Clear 1 month after tamponade.
Thomas, J. J., <i>et al</i>	*1. Essential hematuria, (19-year-old Negro female)	60 hrs.	Only microscopic hematuria persisted.
	2. Multiple Myeloma, percutaneous renal biopsy, (50-year-old man)	96 hrs.	Clear (unstated length time).
	3. Percutaneous renal biopsy, (50-year-old man)	72 hrs. 1 wk later-96 hrs.	Unsuccessful—but responded to autologous blood clot embolically through arteriography catheter.

\*Similar diagnosis as this case report.

It is interesting to compare the etiology of renal pelvic bleeding with epistaxis. Just as pressure is a traditional method of treating nose-bleed, so tamponade seems to be very effective in treating renal bleeding. A further recently described procedure is the use of autologous blood clots introduced through an arterial catheter<sup>2 4 5</sup> but this procedure is beyond the scope of this paper.

Although the technique originally described uses a ureteral bouge, the Fogarty catheter seems a happy refinement and may cause less trauma to the ureter occluding, as it

does, only a small area of ureter. In any case it is necessary to completely occlude the drainage as one case failed when urine issued around a #10 bouge.

### SUMMARY

Renal pelvic tamponade is a simple method of treating unilateral renal bleeding in the absence of demonstrable disease. It should be a first resort in many cases. Successful treatment of essential hematuria of more than one year's duration is presented.

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**Indications:** Ancef<sup>®</sup> (sterile cefazolin sodium, SK&F) is indicated in the treatment of the following serious infections due to susceptible organisms.

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'Ancef' is effective in the eradication of streptococci from the nasopharynx; however, data establishing the efficacy of 'Ancef' in the subsequent prevention of rheumatic fever are not available at present.

**Genitourinary tract infections** due to *Escherichia coli*, *Proteus mirabilis*, *Klebsiella* species, and some strains of enterobacter and enterococci.

**Skin and soft-tissue infections** due to *S. aureus* (penicillin-sensitive and penicillin-resistant) and group A beta-hemolytic streptococci and other strains of streptococci.

**Bone and joint infections** due to *S. aureus*.

**Septicemia** due to *Str. pneumoniae*, *S. aureus* (penicillin-sensitive and penicillin-resistant), *P. mirabilis*, *E. coli*, and *Klebsiella* species.

**Endocarditis** due to *S. aureus* (penicillin-sensitive and penicillin-resistant) and group A beta-hemolytic streptococci.

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to 'Ancef'.

**Contraindications:** 'Ancef' is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

**Warnings:** BEFORE CEFAZOLIN THERAPY IS INSTITUTED, CAREFUL INQUIRY SHOULD BE MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO CEPHALOSPORINS AND PENICILLIN. CEPHALOSPORIN C DERIVATIVES SHOULD BE GIVEN CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS.

SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE EPINEPHRINE AND OTHER EMERGENCY MEASURES.

There is some clinical and laboratory evidence of partial cross-allergenicity of the penicillins and the cephalosporins. Patients have been reported to have had severe reactions (including anaphylaxis) to both drugs.

Antibiotics, including 'Ancef', should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

**Usage in Pregnancy**—Safety of this product for use during pregnancy has not been established.

**Usage in Infants**—Safety for use in prematures and infants under one month of age has not been established.

**Precautions:** Prolonged use of 'Ancef' may result in the overgrowth of nonsusceptible organisms. Careful clinical observation of the patient is essential.

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**Adverse Reactions:** The following reactions have been reported: Drug fever, skin rash, vulvar pruritus, eosinophilia, neutropenia, leukopenia, thrombocythemia, and positive direct and indirect Coombs tests have occurred. Transient rise in SGOT, SGPT, BUN, and alkaline phosphatase levels has been observed without clinical evidence of renal or hepatic impairment. Nausea, anorexia, vomiting, diarrhea, and oral candidiasis (oral thrush) have been reported. Pain at the site of injection after intramuscular administration has occurred, some with induration. Phlebitis at the site of injection has been noted. Other reactions have included genital and anal pruritus, genital moniliasis, and vaginitis.

**Administration and Dosage:** 'Ancef' may be administered intramuscularly or intravenously after reconstitution. See the package literature for reconstitution procedures.

See the package literature for dosage recommendations.

**How Supplied:** 'Ancef' (sterile cefazolin sodium, SK&F)—supplied in vials equivalent to 250 mg., 500 mg. or 1 gram of cefazolin; in "Piggyback" Vials for intravenous admixture equivalent to 500 mg. or 1 gram of cefazolin; and in Pharmacy Bulk Vials equivalent to 5 grams or 10 grams of cefazolin.

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# Indiana's First Case of Malpractice

JOHN J. GALLINATTI, M.D.

Crown Point

Joseph Bailly was a French fur-trader who settled in northern Indiana during the early 19th Century. He chose a clearing along the Little Calumet River about six miles south of Lake Michigan's shore as the site of his home. This area is now northern Porter County. Later, a small chapel was built a short distance from the house on the same site. The Bailly Homestead is now a part of the Indiana Dunes National Lakeshore.

Joseph Bailly was courageous, fair, and sympathetic toward the Indians of many tribes who traversed the southern shores of Lake Michigan. It is said that he prospered because of his dealings with the Indians, and the large quantities of furs that he secured in his own trap-lines. He was also responsible for converting many of the Indians to Christianity.

The affections of the Indians of the beautiful dunelands were increased when Joseph Bailly took an Indian maiden for his wife. Marie, who was part Ottawa, aided Bailly in his relations with the Potawatomi Indians. She bore him a son whose features were more Indian than white, and for whom the Indians had great love and admiration.

When the boy was about eight, Indians from many tribes of the midwest gathered as the multi-colored leaves of autumn began appearing on the trees of the sand dunes. The Indians came to trap beaver and mink for their furs. They hunted deer, which abounded in the area, for the venison to be eaten during the long winter, and for the deer-skins from which clothing could be made and tepee walls fashioned. In the duneland marshes, Indian squaws gathered reeds with which to weave mats. The squaws also gathered wild berries and nuts, another source of food for the winter.

In that particular fall, a disaster struck the area. An epidemic of what we would now probably call Typhoid Fever took a heavy toll among the Indians. The Indians termed the disease

"autumn fever." Medical supplies were sparse, and the nearest physician was more than a hundred miles away. Only time told who would live and who would die.

Bailly's young son was stricken by the illness. For days the boy's fever raged. His mother and her Indian lady-friends soaked his body with cool water from the river, poured over the leaves of hickory and oak trees which were said to be of medicinal benefit. The child began convulsing, and the outlook for his recovery became grim. Bailly was approached by his Indian friends who asked that their medicine-man be allowed to treat the boy. Finally, as a last resort, Bailly consented.

The medicine-man had a reputation for great healing power among the Potawatomi Indians, but he was also a man of ambition who actually hated Bailly for the respect and trust shown him by the Indians. He intensely disliked Bailly for converting so many Indians to Christianity and thus weakening the medicine-man's status.

The medicine-man formulated an evil plan. His treatment was to involve making a small cut on the child's chest through which a few drops of blood would escape. The blood symbolized the removal of evil spirits and venom from the sick boy's body. This was accompanied by the beating of drums and certain chants and incantations which warded off evil spirits and allowed healing to take place.

The evening of the treatment ceremony, many Indians and their squaws gathered about the Bailly Homestead. The medicine-man made his appearance and began the ritual. But, due to his hatred and envy of the French fur-trader, instead of a small incision, he thrust the ceremonial knife deep into the child's chest. Within moments the son of Joseph Bailly lay dead.

Bailly, his wife, and the assembled Indians stood momentarily paralyzed by the terror of the act they had witnessed.

The medicine-man jumped on a nearby pony and began riding away rapidly over the surrounding dunes. When the reality of the situation struck them, the Indians became enraged at what

CONTINUED ON PAGE 346

Dr. Gallinatti, a general practitioner, lives at 2177 Green Valley Dr., Lakes of Four Seasons, Crown Point 46307.

# CME QUIZ

## Platelet Studies . . .

(CONTINUED FROM PAGES 325-328)

TO OBTAIN ONE HOUR OF CATEGORY 1 AMA CME CREDIT, answer the following questions by circling the correct answer on the answer sheet below. Complete and clip the application form and mail it to: **Indiana University School of Medicine, Division of Postgraduate and Continuing Medical Education, 1100 W. Michigan St., Indianapolis 46202.**

ANSWER THE FOLLOWING:

1. The most ineffective measure of coagulative malfunction is:
  - a. Meticulous history and family history of bleeding problems
  - b. Routine "bleeding" and "clotting" time evaluation
  - c. Coagulation screen, to include prothrombin time, partial thromboplastin time, and platelet count
  - d. Complete coagulation screen, to include "c" above plus platelet function plus fibrinogen levels
  - e. Hematology consultation if there is historical evidence of bleeding problems
2. Which of the following medications is least likely to interfere with normal platelet function?
  - a. Aspirin
  - b. Phenylbutazone
  - c. Acetaminophen
  - d. Amitriptyline Hcl
  - e. Indomethacin
3. Platelet dysfunction may be a result of all but one of the following conditions:
  - a. Ascorbic acid deficiency
  - b. Drug ingestion
  - c. Uremia
  - d. Myeloproliferative deficiencies
  - e. Proteinopathies
4. Bleeding problems from platelet dysfunction can be corrected by only one of the following:
  - a. Corticosteroids
  - b. Antibiotics
  - c. Acetaminophen
  - d. Platelet transfusion
  - e. Oxygen
5. The majority of platelet dysfunction problems will result from which one of the following:
  - a. Ingestion of salicylates
  - b. Inheritable platelet dysfunction
  - c. Acute infections
  - d. Inadequate Vitamin C ingestion
  - e. Ingestion of Indomethacin

The following are answers to the CME quiz that appeared in the November 1977 issue of *The Journal*. The article upon which the questions were based was "Hepatitis Antigen-Antibody Tests and Their Clinical Significance," by Philip A. Christiansen, M.D.

I. 2, 3, 4  
II. 2, 5  
III. 3, 5  
IV. 1—a, b, c  
2—d  
3—a  
4—e  
5—d

V. 2, 5  
VI. 3  
VII. 1—True  
2—True  
3—True  
4—False  
5—False

Complete this form to obtain verification for one hour of Category 1 AMA CME credit.

Answer sheet for Quiz: (Platelet Studies . . .)

1. a, b, c, d, e
2. a, b, c, d, e
3. a, b, c, d, e
4. a, b, c, d, e
5. a, b, c, d, e

I wish to apply for one hour of category 1 AMA Continuing Medical Education credit through the I.U. School of Medicine. I have read the article and answered the quiz on the answer sheet above. I understand that my answer sheet will be graded confidentially, at no cost to me, and that notification of my successful completion of the quiz (80% of the questions answered correctly) will be directed to me for my application for the Physician's Recognition Award of the American Medical Association. I also understand that if I do not answer 80% of the questions correctly, I will not be advised of my score but the answers will be published in a later issue of THE JOURNAL for my information.

Name (please print or type)

Address

Identification number (found above your name on mailing label)

Signature

The Division of Postgraduate and Continuing Medical Education must receive your completed, signed application before June 15, 1978, to be eligible for credit for this month's quiz. Answers to the quiz will appear in a later issue.



## TAX TIPS

LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's lawyer before applying the data in this article to a particular fact situation.

This article continues my discussion of the gift and estate tax sections of the Tax Reform Act of 1976 (TRA) and the proposed changes which are in the Technical Corrections Bill (TCA).

As to section 2037, no change was made by the TRA (nor is any change proposed by the TCA). In brief, section 2037 provides that if a decedent transferred property during the decedent's life, but the decedent retained a reversionary interest in the property which exceeds 5% of the value of the property, and a transferee of the property is not able to enjoy the property until the decedent's death, then the value of the property (at the appropriate valuation date) to which the decedent's power attaches is includable in the decedent's gross estate, for estate tax purposes.

Similarly, as to section 2038, there was no change made by the TRA (and there is no proposed change in the TCA). Again, in brief, section 2038 provides that if a decedent transferred property during the decedent's life, and then, at the decedent's death, the decedent had a power to alter, amend, revoke, or terminate the interests which the decedent transferred in the property, then the value of the property (at the appropriate valuation date) to which the decedent's power attaches is includable in the decedent's gross estate, for estate tax purposes.

As to section 2039, which concerns the estate tax consequences to an individual who dies with an interest in a qualified or nonqualified retirement or annuity fund, the TRA made some significant changes to this section. Further, the TCA proposes an additional change to this section. And, in general, the changes which were made by the TRA and the proposed change in the TCA parallel the changes and proposed change which were (and may be) made to section 2517. This latter section concerns the gift tax consequences to a donor who transfers, as a gift, the donor's interest in the death benefits of such a qualified retirement fund.

Section 2039 used to provide (and it still does) estate tax exclusions (from a decedent's gross estate, for estate tax purposes) for an employee's interest in a qualified employer retirement plan—to the extent of the value (determined, in general, actuarially at the time of the death of the employee) of the employer's deductible (for income tax purposes) contributions to such plan's fund, which is payable to a beneficiary other than the decedent's estate. And, the TRA expanded this section so as to exclude, from a decedent's gross estate: such an interest which a self-employed person has in the self-employed person's H.R. 10 plan or I.R.A.; and, such an interest which an employed per-

son has in an I.R.A. which such employed person established. Of course, as in the case of such an employee's interest under an employer qualified retirement plan, each type of these other individuals' interests will be excluded for estate tax purposes only to the extent of the appropriate value (at the death of the individual) of the deductible (for income tax purposes) contributions under the plan. And, for this purpose, section 2039 (c) provides that a "roll-over" contribution to these funds which contribution is a distribution from another qualified plan will be considered to be attributable to a deductible contribution even though no income tax deduction is, in fact, allowable for the "roll-over" contribution.

Thus, the estate tax exclusion of section 2039 is still not applicable to the appropriate value of the non-deductible contributions (generally referred to as "voluntary" contributions).

As stated above, the broadening of the estate tax exclusions of section 2039 (to include more types of individuals who participate in noncorporate qualified retirement plans) was paralleled by a broadening of section 2517, which concerns the gift tax exclusions for the transfer of a donor's interest in the death benefits of a qualified retirement plan. However, unlike the amendment to section 2517, the TRA provided that section 2039 will not exclude such interests from a decedent's gross estate unless the fund is payable as an annuity to a person other than the decedent's estate. That is, the section 2039 estate tax exclusion is not available if the fund is payable in lump sum to anyone, but the section 2517 gift tax exclusion is applicable regardless of whether the fund is payable as an annuity or in lump sum.

Thus, in a nutshell, section 2039 now provides that—as to the appropriate value of a self-employed person's interest in a qualified H.R. 10 plan or an I.R.A. and as to an employee's interest in a qualified corporate, H.R. 10, or I.R.A., any one of which is payable as an annuity to a beneficiary other than the decedent's estate—such value (at the death of such individual) will be excluded from such decedent's gross estate, for estate tax purposes, to the extent that the value is attributable to the deductible (for income tax purposes) contributions to the plan's fund. That is, if the fund is payable in lump sum to anyone, or in any manner to or for the benefit of the decedent's estate, then the section 2039 estate tax exclusion is not applicable.

Further, because of the obvious oversight in the TRA, the TCA provides that if a self-employed or employed

CONTINUED ON PAGE 344

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# TAX TIPS

CONTINUED FROM PAGE 342

spouse establishes an I.R.A. for such person's nonworking spouse (a S.I.R.A.), and if such fund is payable as an annuity to someone other than the nonworking spouse's estate, then the appropriate value of the deductible contributions (for income tax purposes) to the S.I.R.A. will be excluded from the spouse's gross estate, for estate tax purposes.

In the case of an I.R.A. (and a S.I.R.A.), section 2039(e) provides that the fund must be payable (in substantially equal periodic payments) to a beneficiary (other than the decedent's estate) over a period of at least 36 months after the decedent's death or for the life of the beneficiary in order for the fund to be considered to be payable as an annuity. In the case of other types of funds, these funds will, in general, be considered to be payable as annuities so long as the funds are not payable in lump sum, as that term is defined under section 402(e) (4) (A). And, in this regard, section 402(e) (4) (B) states:

"For purposes of this section and section 403, no amount which is not an annuity contract may be treated as a lump sum distribution under subparagraph (A) unless the taxpayer elects for the taxable year to have all such amounts received during such year so treated at the time and in the manner provided under regulations prescribed by the Secretary."

and,

"No election may be made under this subparagraph by any taxpayer other than an individual, an estate, or a trust."

Thus, unless the Regulations provide otherwise, as to these other types of funds, it would appear that the election of receiving the particular fund as an annuity or in lump sum can be made either before or after the decedent's death. Also, apparently, these other (non-I.R.A.) funds will be considered to be payable as annuities even though the payments are not made in substantially equal periodic payments either for the life of the beneficiary or for over a period of at least 36 months. The key factor in these cases is that the fund must not be paid to the beneficiary in one taxable year of the beneficiary, or the payment will then be considered to be a lump sum distribution.

Because the estate tax exclusion will only be available under section 2039 if the fund involved is paid as an annuity, there are going to be some difficult decisions ahead for tax planners in attempting to advise clients as to the method of payment which should be selected for retirement funds. If a fund is paid as an annuity, then, to repeat, the estate tax exclusion will be applicable. In addition, such annuity payments will be eligible, for the beneficiary's income tax purposes, for the maximum tax on personal service income (under section 1348) to the extent that such payments are attributable to deductible (for income tax purposes) contributions to the plan's fund. However, such payments will be treated as ordinary income and none will be treated as capital gain for the beneficiary's income tax purposes. In addition, if the annuity payment period is short enough, then some of the annuity payments might be treated under the general income averaging provisions of sections 1301 through 1305. On the other hand, if the fund is paid in lump sum, then, as stated above, the decedent's interest in the fund will be taxable for estate tax purposes. However, some of the distribution may qualify, for the beneficiary's income tax purposes, for the \$5,000 employee death benefit income tax exclusion (under section 101 (b)) and some of the distribution may be treated, by the beneficiary, as long-term capital gain (under section 402(a) (2) ) for income tax purposes. However, this capital gain portion will come within the rules of the minimum tax on tax preferences (under section 56). Further, if the fund is paid as a lump sum, then the beneficiary may treat the distribution, for income tax purposes, under the special ten-year income averaging provision (under section 402(e) ). In addition, the income portion of the lump sum distribution will qualify as income in respect of a decedent (under section 691), and therefore, the recipient may deduct, as an itemized deduction for income tax purposes, the amount of estate tax which is attributable to the inclusion of the distribution in the decedent's gross estate, for estate tax purposes.

Because of all of the variables which must be considered by tax planners in order to adequately advise a client whether the client should take retirement plan distribution as an annuity or as a lump sum, tax planners will have to develop detailed information forms in order to make the various computations which must be made.



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# Indiana's First Case of Malpractice

CONTINUED FROM PAGE 340

the medicine-man had done. They mounted their horses and gave chase. They rode recklessly through the thicket, brandishing their spears and knives and shouting wildly. Finally, on the shore of Lake Michigan, about where a great steel mill now stands, the medicine-man fell from his pony and was captured by the Indians. They plunged a knife deep into his heart to satisfy the enraged group's desire for justice.

The legend says that when the spirit of the medicine-man entered eternity, the Great Spirit was so appalled at the vile deed the medicine-man had committed, that a special punishment was placed on his spirit. The punishment was that once during the fall of every year, for eternity, the medicine-man's spirit would mount a pony at the Bailly Homestead and endure the terrors of riding over the hills and valleys of the dunes to the point of his death, just as he had done on the night he committed malpractice.

It is said by some older people with wrinkled skin on their faces that on certain nights in the

dunes of northwestern Indiana and near what is now called Baillytown, a faint glowing light can be seen, appearing to float over the dunes when the leaves of the trees are turning colors. If one looks carefully and follows the strange light, one will see it suddenly disappear at the shore of Lake Michigan. This is said to be the spot where the evil medicine-man was killed by members of his own tribe. As one listens to the quiet sounds of the shallow waves breaking on the sandy shore, one begins to appreciate some of the history, beauty, and mystery of the Indiana dunes, where Indiana's first case of malpractice occurred.

## Addendum:

This story has been retold around campfires to wide-eyed youngsters for years. It represents a fable, a legend, and a part of Hoosier folklore which the author feels needs to be recorded. The author, who was raised in Gary, Ind., and spent much of his youth hiking in the dunes, first heard the story, as a boy, around a campfire at the Goodfellows Youth Camp located at Baillytown.

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# FUTURE FILE

## N.I.T.A. Schedules National Convention

National Intravenous Therapy Association will hold an annual meeting May 15-18 at the Hyatt Regency in San Francisco. There will be 18 hours of presentations by nationally and internationally recognized authorities. The Exhibit Section will display all new techniques and equipment. For complete information write Mrs. Mary Larkin, R.N., 850 Third Avenue, New York City 10022.

## Three-Day Course Offers AMA Category I Credit

"Parathyroid disorders—Contemporary Medical and Surgical Management" is the subject of a course offering AMA Category I credit at St. Joseph Hospital, 2900 N. Lake Shore Drive, Chicago, May 12-14. Tuition is \$250 (residents and fellows \$50). Write Ms. Sharon Afbale, Medical Education Dept. St. Joseph Hospital or call (312) 975-3454.

## I.U. to Host Summer Program in Human Sexuality

The Institute for Sex Research, the ninth annual summer program in human sexuality, will be conducted June 21-28 at the Indiana University campus in Bloomington. The registration fee is \$325. Write the Institute at 416 Morrison Hall, Indiana University, Bloomington 47401.

## Dermatology Course Planned

Primary Care Dermatology, an accredited continuing medical education conference, May 19-21. Northwestern University Medical School, Chicago. Presented by Department of Dermatology, Henry H. Roenigk, Jr., M.D., Conference Author. For information: Alumni Center for Continuing Education, 301 East Chicago Avenue, Chicago 60611. Telephone: 312-649-8533.

## Michigan Postgraduate Courses Slated

The University of Michigan announces the following postgraduate courses, all of which will be held at The Towsley Center for Continuing Medical Education. For further information, write to the Office of Continuing Education, University of Michigan Medical School, The Towsley Center, Ann Arbor, Mich. 48109.

Date	Title	Target Audience
May 4-5	The High Risk Infant	Physical Therapists, other health professionals
May 22-26	Advances in Internal Medicine	Internal Medicine
June 1-2	Blood Banking	Blood Bank Tech
June 7-9	Evaluation of the Pulmonary Patient: An Advanced Seminar	Physical Therapists, Nurses, Respiratory Therapists

## Drug Abuse Conference Slated

Indiana physicians are invited by the AMA Department of Mental Health to attend a Regional Drug Abuse Conference at the Water Tower Hyatt Hotel, Chicago, March 31 and April 1. The registration fee is \$50 for AMA members—\$100 for non-members—reduced rates for housestaff and students. Category I credit on an hour for hour basis. The program will include lectures, workshops, clinical seminars and informal discussion groups. Correspond with E. M. Steindler, Director, AMA Department of Mental Health, 535 N. Dearborn, Chicago 60610.

## Rationing of Medical Care to be Examined

Rationing of medical care will be discussed at the meeting of the American Society of Internal Medicine at the Hyatt Regency in San Francisco May 4-7. The program will examine rationing of care, the effectiveness of the government's alphabet programs (PSROs, HSAs, HMOs and IPAs), new drug legislation, stress and holistic medicine. For full information write ASIM, 535 Central Tower Bldg., 703 Market St., San Francisco 94103.

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# NEWS NOTES

## Mead Johnson Expands

Mead Johnson Laboratories, the marketing arm of Mead Johnson & Company, has been divided into two separate divisions—the Mead Johnson Nutritional Division and the Mead Johnson Pharmaceutical Division. The company, once a marketer of nutritional products only, now has a large list of pharmaceutical products. Recent expansion of the volume in both categories has dictated the change.

## New Journal to Begin Publication

"Evaluation and the Health Professions" is a new interprofessional journal to begin publication in 1978. It will provide a forum for the widespread sharing of information concerning program development and evaluation in all of the health fields. For brochures which describe the journal in detail, write Dr. R. Barker Bausell, 655 W. Lombard St., Baltimore 21201.

## Huntingburg Specialist Elected Fellow

Dr. Taghi M. Hakami, obstetrics and gynecology specialist from Huntingburg, has been elected a Fellow of the International College of Surgeons.

## Juvenile Diabetes Discussed

Dr. Ralph Stewart, a Vincennes ophthalmologist, addressing the Illiana Chapter of the Juvenile Diabetes Foundation, stressed the importance of regular eye examinations by diabetic persons. He told the group that eye problems of diabetics have increased because people live longer by reason of controlled methods used on other organs in the body affected by diabetes.

## Mental Health Center Accredited

Katherine Hamilton Mental Health Center, Sullivan, has become the first community mental health center in Indiana to receive a two-year, unrestricted accreditation from the Joint Commission on Accreditation of Hospital under new JCAH standards. The center serves a six-county area, according to Dr. William G. Shriner, center director.

## Dr. Evans Interns in India

Dr. Daniel R. Evans, a Valparaiso ophthalmologist, left for Miraj, India just before New Year's Day to begin a two-month voluntary medical internship at a 500-bed hospital there. The trip was sponsored by the First Presbyterian Church, Valparaiso, which provided medical equipment and supplies. While there, Dr. Evans said he would specialize in cataract surgery.

## Dr. Classen Becomes Jail Physician

Dr. Peter Classen of Dunlap has agreed to serve as the jail physician for the Elkhart County Security Center, according to Sheriff Dick W. Bowman. Dr. Classen will act in a supervisory capacity to oversee the medical practices at the jail.

The Indiana State Medical Association provided help in securing a jail physician, a necessary step in getting accreditation from the AMA.



## Cancer Crusade Set for April

Donald C. Danielson (left) of New Castle and Dr. Steven C. Beering of Indianapolis have been named co-chairmen of the 1978 Indiana Division American Cancer Society Crusade, according to Dr. William F. Nowlin of Valparaiso, president of the Indiana Society.

Danielson, senior vice-president of City Securities Corporation in Indianapolis, is president of the Indiana University Board of Trustees and Dr. Beering is Dean of the I.U. School of Medicine.

Each year, the Cancer Society's Indiana Crusade raises funds from throughout the state to underwrite research grants, to conduct cancer educational programs, and to provide equipment and counseling services to Indiana cancer patients and their families.

More than 100,000 Indiana volunteers are active in the Society's state programs of research, education and patient service. ACS volunteers will conduct the state-wide fund raising campaign in April.

## Recovery, Inc., Announces Directory

Recovery, Inc., The Association of Nervous and Former Mental Patients, announces availability, without charge, of its new directory of information about group meetings throughout the United States, Canada, Ireland, Puerto Rico and France. Write Recovery at 116 S. Michigan, Chicago 60603.

## Five Inducted into Speedway Hall of Fame

Five residents of Speedway were honored during the sixth Speedway Hall of Fame recognition banquet recently. They are Dr. Thomas Hanna, business and industry; Raymond A. Dault, civic; Jessie M. Stevenson, religion and education; Fred Fath, sports; and Jenny Bourne, youth.

Dr. Hanna, a staff member of Methodist and Winona Hospitals in Indianapolis, has been medical director of the Indianapolis Motor Speedway since 1959.

Mrs. Stevenson, author of "COFFEE: Good for What Ails You?" (THE JOURNAL, Vol. 71, No. 2), is executive secretary of the Domestic Relations Counseling Bureau of the Circuit and Superior Courts of Marion County.

CONTINUED ON PAGE 351

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**Precautions:** Do not administer more frequently than every 6 hours, or within 12 hours after rectal dose of any preparation containing theophylline or aminophylline. Do not give other xanthine derivatives concurrently. Use in case of pregnancy only when clearly needed.

**Adverse Reactions:** Theophylline may exert some stimulating effect on the central nervous system. Its administration may cause local irritation of the gastric mucosa, with possible gastric discomfort, nausea and vomiting. The frequency of adverse reactions is related to the serum theophylline level and are not usually a problem at serum theophylline levels below 20 µg/ml.

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Final classification of the less-than-effective indications requires further investigation.

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**Contraindications and Cautions:** There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

**Adverse Reactions:** On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

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# NEWS NOTES

CONTINUED FROM PAGE 348

## Hospital Elections

**Witham Memorial Hospital, Lebanon:** Dr. Donald W. Boyer, chief of staff; Dr. James McAfee, vice chief of staff.

**Bartholomew County Hospital, Columbus:** Dr. Bryan Nelson, chief of staff; Dr. Kirby Tarry, assistant chief of staff; Dr. J. S. Brown, secretary.

**Bloomington Hospital, Bloomington:** Dr. William J. Cron, chief of staff; Dr. Clarence R. McIntire, chief of staff-elect; Dr. William R. Pugh, secretary.

**Woodlawn Hospital, Rochester:** Dr. Kenneth E. Hoff, president; Dr. Jamie G. Pamos, vice-president; Dr. William H. Fish, secretary-treasurer.

**Fayette Memorial Hospital, Connersville:** Dr. Theodore Hirsch, president; Dr. Joseph Steinem, vice-president; Dr. Arman Angeles, secretary.

**LaGrange County Hospital:** Dr. Evan C. Thompson, president; Dr. Allen Martin, vice-president; Dr. C. P. Duren, secretary.

**Dyer Mercy Hospital:** Dr. Stanley Hammond, president; Dr. Charles D. Egnatz, president-elect; Dr. Kyung J. Ahn, secretary; Dr. Nicholas Egnatz, treasurer.

**Morgan County Memorial Hospital:** Dr. George Os-theimer, chief of staff; Dr. R. S. Witham, vice chief of staff; Dr. R. E. Brubeck, secretary-treasurer.

**Methodist Hospital, Indianapolis:** Dr. James H. Gosman, president; Dr. Hunter A. Soper, vice-president; Dr. H. Marshall Trusler, secretary-treasurer.

**Dukes Memorial Hospital, Peru:** Dr. G. C. Crates, president; Dr. P. W. Snyder, vice-president; Dr. Lloyd Hill, secretary.

**Parkview Memorial Hospital, Ft. Wayne:** Dr. Joe G. Jontz, president; Dr. Philip C. Schubert, president-elect; Dr. Charles M. Frankhouser, secretary-treasurer.

**St. Francis Hospital Center, Beech Grove:** Dr. Robert L. Costin, president; Dr. Donald H. McCartney, vice-president and president-elect; Dr. Gerald M. DeWester, secretary.

**St. Joseph Hospital, Ft. Wayne:** Dr. Fouad Halaby, president; Dr. George Manning, president-elect; Dr. Robert Musselman, secretary-treasurer.

**Fairbanks Hospital, Indianapolis:** Dr. Paul M. Flanagan, president; Dr. Gerald P. Johnston, vice-president; Dr. David L. Alvis, secretary.

**St. Mary Hospitals, Gary and Hobart:** Dr. Robert R. Wylie, president; Dr. Pierre Gilles, president-elect; Dr. Rodolfo L. Jao, secretary; Dr. Doug Barthelemy, treasurer.

## Arthritis or "Arthur-Itis"?

Three local orthopedic surgeons recently presented a program on arthritis in Columbus as part of a Health Lecture Series cosponsored by the Bartholomew County Hospital Foundation and The Commons.

The presentation, "Living with Arthur-Itis," featured Drs. Ronald Bennett, Thomas Marshall and Robert Forste, who were joined by John Alcock, chief of physical therapy at Bartholomew. "Arthur" is the spinal column of an anatomical mock-up the doctors use as a visual device.



## Dr. Goodman Makes Television Appearance

Dr. Eli Goodman (second from right), president of the Indiana State Medical Association, discussed National Health Insurance during a recent broadcast on Channel 20 in Indianapolis. From left are Virgil Napier, host of the program, Stanley A. Huseland, director of public affairs for Blue Cross and Blue Shield of Indiana, Dr. Goodman, and Garnett Day of the Disciples of Christ Church.

## Appointments

**Dr. William Shantz** has been named medical director of the Comprehensive Mental Health Center in Kendallville.

**Dr. Charles M. Clark, Jr.** of Indianapolis has been installed as president of the Indiana Affiliate of the American Diabetes Association.

**Dr. Robert C. Stone** of Ligonier has been named Noble County health officer.

**Dr. Charles R. Kershner** of Marion has been appointed to a four-year term on the Grant County Board of Health.

**Dr. Parker Snyder** of Peru has been named Miami County health officer.

**Dr. Raymond A. Weitemier** of Richmond has been reappointed to a four-year term on the Wayne County Board of Health.

## New Medical Center to Open in Logansport

A new two-story physicians' building and pharmacy in Logansport, to be known as the Logan Medical Center, is expected to be ready for occupancy in May. The facility will have offices for 10 doctors.

## Riverview Hospital Announces Expansion

Plans are underway for a \$7.3 million expansion of Riverview Hospital, Noblesville, according to the hospital's board of trustees. Major additions will be made to the emergency room, laboratory, physical therapy and cardiopulmonary departments, and the intensive care coronary care units.

# BOOK REVIEWS



## Male Infertility

*Richard D. Amelar, M.D., Lawrence Dubin, M.D., Patrick C. Walsh, M.D. W. B. Saunders Co., Philadelphia-London-Toronto. \$16.00, 258 pages, 1977.*

I read the first edition of this book in 1966. It was then a monograph of 150 pages by the senior author. The discipline surrounding infertility has advanced apace both scientifically and clinically in the last decade.

The present volume has a trenchant Foreword by Dr. Bruce Stewart and then a dozen chapters by the authors. The early sections deal of course with physiology, pathology and embryology of the male reproductive system. Some real advances have been made in Endocrinology and in the delineation of chromosomal factors (Luteinizing hormone-L.H.—is called Interstitial Cell Stimulating Hormone in the 1966 book) and they also comprise an early chapter. Drs. Dubin and Amelar handle the treatise on Varicocele which is said to cause up to 39% of over 1,200 consecutive cases of male infertility at the authors' clinic. This is very pertinent as the operation of varicocelectomy is readily accomplished. Various other factors

affecting fertility are then enumerated and this comprises the first portion of the book.

Diagnosis, including endocrine evaluation and testicular biopsy, (this is used now mainly for cases of azospermia) is covered next and finally, and most rewarding to the practicing physician, is Part III on Therapy. Aside from varicocele surgery, this is largely endocrine manipulation (we are only beginning in this realm) and enhancing techniques such as using the split ejaculate for artificial insemination.

There is a good chapter on the use of frozen sperm banks (they work distinctly better for the bull than the human male) and artificial donor insemination (AID), including the legal and moral difficulties if it is successful.

I am impressed with the progress of this specialty lately. There is much more specificity in diagnosis and treatment than ever before. This is a useful book for those of us treating the man who is unable to effect a pregnancy. In spite of the pressure of world population, a barren marriage is a crushing human problem.

RODNEY A. MANNION, M.D.  
Urological Surgeon  
LaPorte



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# BOOK REVIEWS

## Transvestites & Transsexuals: Mixed views

*Deborah Heller Feinbloom, Ph.D., Dell Publishing Co., Inc., New York, 1977; 282 pages plus bibliography and index; paperback; \$3.95.*

The subject matter of this book is not unknown to physicians, but I daresay that for most of them it is a bit vague. In fact, it is vague for the sociologists, psychologists, and other specialists in this field, as far as the etiology and pathogenesis of these conditions are concerned. It is, therefore, a great help to have a report and thesis of this kind available and I would advise any physician likely to have such patients to read it.

The author has, I believe, in the main the viewpoint of a sociologist [She is director and founder of Gender Identity Service, Boston], but she shows comprehension of the other angles involved in dealing with transsexuals and such definitive treatment as is possible for them. Transvestites apparently are simply transvestites, with no "treatment" available, and, in fact, scarcely needed. They apparently can remain on an even keel by cross-dressing (at varying intervals) and can receive much support from other transvestites through a national organization and especially through local "clubs." It seems that their wives need more help than they do. The author did an extensive research on transvestism, called "participant observation," and for about 8 months was allowed to attend meetings of a transvestite club (of about 40 members) in Boston. The account of this is most interesting, and at times astounding, reading. At this club she also met a few transsexuals who

were not really transvestites at all. Transvestites are practically 100% heterosexual males, with one main "aberration": they have a compulsion to dress like a woman.

Transsexuals have a basically different problem—in fact, it is basic to their entire life situation—and they are "quite different from the transvestite or the homosexual. The transsexual male or female perceives his or her gender identity as incongruous with the anatomical reality and actively seeks to resolve the conflict through sex-reassignment surgery." It is not possible to find a census of these people but the author estimates "about 10,000 transsexuals in the United States, 2,000 of whom have had surgery." This means about 1 in 20,000 of our population of 200,000,000. This is one reason that not all physicians are familiar with the condition. In her discussion of transsexuals the author gives an excellent outline of the problems encountered, the types of surgery available, means of determining its advisability, where it is being done, and equally important the postoperative need to support the patient in making adjustment to the new life-style and career inherent in the new gender—or is it the old gender but new sex?

This last question is typical of the many paradoxes and even dilemmas encountered in running a Gender Identity Service. I can heartily recommend the reading of this book for both medical students and clinicians.

A. W. CAVINS, M.D.  
Gynecologist  
Terre Haute

## Needs of the Cancer Patient

*Nursing Digest; "Needs of the Cancer Patient"; edited by Joanne Parsons; Volume V, No. 2.*

This volume of *Nursing Digest* is devoted to the needs of the cancer patient. In it we learn most of the needs are emotional; we learn that dying is truly a part of living. The emotional needs of the dying and the grieving—identity and loving—are the same as those of the living without these stresses.

Formerly we discussed whether the cancer patient should be told his diagnosis; more recently we are learning (through Kubler-Ross and others) to be communicative with the dying. A long and thoughtful article in this journal suggests that we now need to deal with the emotional needs of the cancer patient intermediate between diagnosis and dying.

Another excellent article develops guidelines for physicians communicating with termi-

nally ill children and their parents.

Other articles deal with patients' rights, controlling pain, developing rehabilitation, developing trust with the patient and his family, and allowing the patient to develop his own hopes (usually limited).

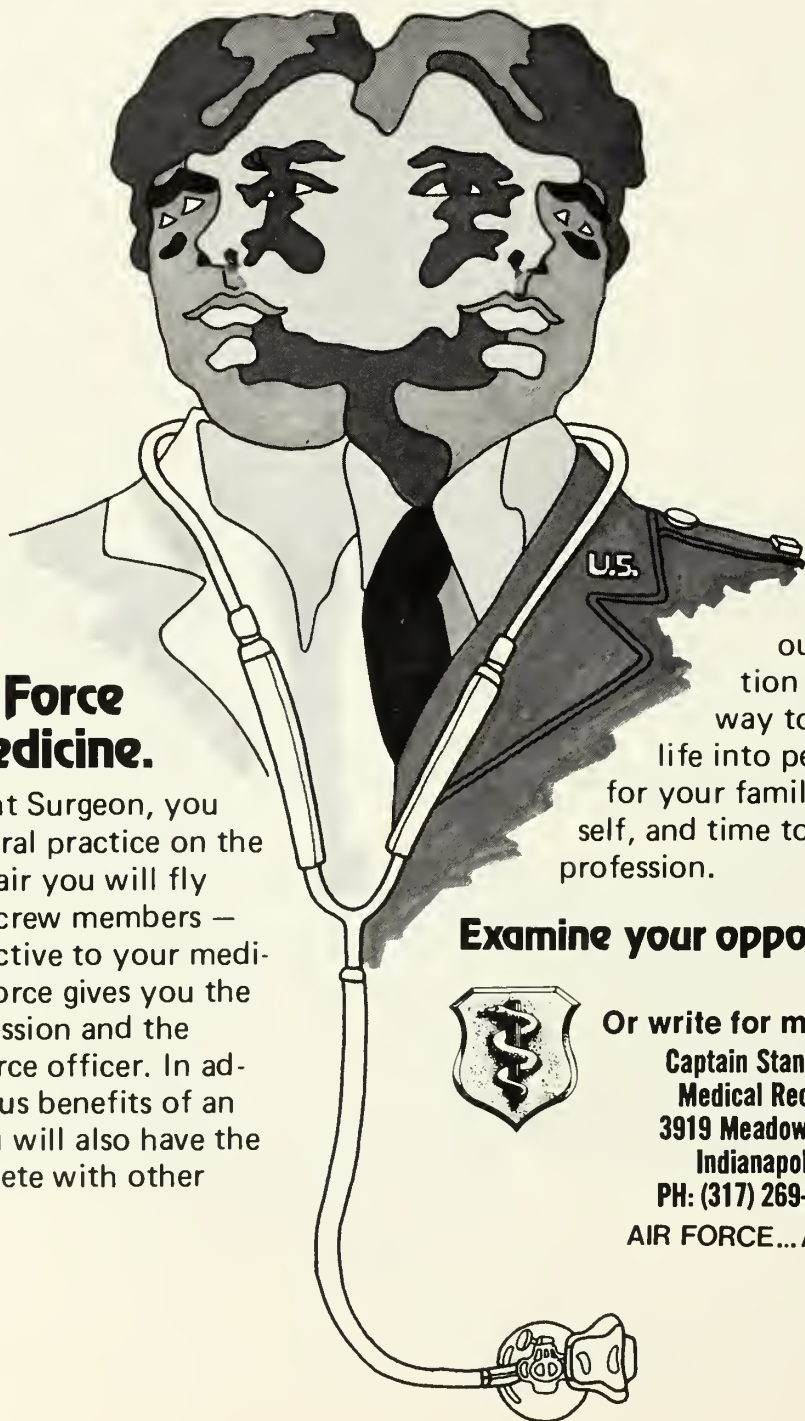
Most physicians and nurses I know are aware of these truths, and most act accordingly; those who do not probably would not change simply by reading this journal.

For two millennia the Bible has been speaking of faith, hope and charity; this issue of *Nursing Digest* asks us to apply these three to the dying.

How slowly we learn!

ALVIN J. HALEY, M.D.  
Family Practitioner  
Fort Wayne

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# BOOK REVIEWS



## BT Behavior Therapy

*Spencer A. Rathus, Ph.D. and Jeffrey S. Nevid, Ph.D., 314 pages, with illus, Doubleday & Company, Inc., 1977, \$8.95.*

**BT Behavior Therapy** is a self-help book written for the general public. It is subtitled "Strategies for Solving Problems in Living." **Behavior Therapy** is the scientific application of the principles of learning to help people change problem behaviors. Behavior therapists view problems such as anxiety and fears, non-assertiveness, sexual dysfunction, and lack of self-control as, for the most part, learned behavior, and therefore capable of being unlearned. **Behavior Therapy** strategies help you to replace unwanted, troublesome behaviors with desirable, constructive behaviors.

After a brief introduction, methods of handling anxiety are discussed. These are basically modifications of the progressive relaxation techniques developed by Dr. Edmund Jacobson and have been demonstrated to be very effective in properly motivated individuals. A

strategy for reducing fears is then given, using progressive relaxation and systematic desensitization. These methods are then expanded to help people become more assertive.

The middle third of the book is a "do it yourself" sex manual modeled after the techniques developed originally by Masters & Johnson. It includes such problems as impotence and premature ejaculation in men and failure to achieve orgasm in women. This could be helpful reading for any couple not satisfied with sex life.

The final part of the book discusses behavior modification techniques in the control of obesity and smoking. The book is easy to read and seems to be accurate and well written. Most physicians would benefit from reading it, and I am sure they will have many patients to whom they will recommend reading **BT Behavior Therapy**.

ELTON HEATON, M.D.  
Pathologist  
Madison

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# PHYSICIANS' DIRECTORY

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Offices for the doctors listed below are located at 3130 N. Meridian St., Indianapolis 46208; telephone numbers are listed in the new telephone directory. The switchboard number is 317-927-1221.

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## Licensing Fee Due July 1

The biennial registration fee for all licensed physicians in the State of Indiana is due in the office of the Medical Licensing Board of Indiana July 1, 1978. The fee for two years registration is \$40. and is payable by check or money order.

The Medical Licensing Board of Indiana will be mailing renewal notices to each physician June

1. Please be sure that you have notified the Board of your current address so that you will receive the notice. If no notice is received the physician should contact the Medical Licensing Board, as it is the physician's responsibility to pay the registration fee regardless of whether or not the notice is received.

# COMMERCIAL ANNOUNCEMENTS

Commercial announcements are carried in The Journal as a special service to ISMA members. Only advertisements considered by publisher to be of advantage to members will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

20¢ for each word

\$4.00 minimum

Send cash with order. Average count: seven words to the line.

Address: The Journal, ISMA, 3935 N. Meridian St., Indianapolis 46208.

DEADLINE: Fifth day of month PRECEDING month of issue.

**WANTED:** Director of Hospital Accreditation Program. Applicant should have worked as a practicing physician, preferably for five years or more, in a voluntary or university hospital. Should have experience as an officer of the medical staff or as the chairman of a key committee, i.e., Credentials, Utilization Review, etc. Applicant must have administrative experience to supervise and coordinate survey teams of the Joint Commission on the Accreditation of Hospitals. Salary: \$50,000-\$55,000, plus liberal fringe benefits and allowances. Contact Michael C. Kieffer, Witt & Dolan Associates, Inc., 1415 W. 22nd St., Oak Brook, Ill. 60521.

**EXCELLENT OPPORTUNITY** for two Family Practice Physicians in rural north-central Indiana. Contract proposals include \$40,000 minimum guarantee; 4 weeks vacation yearly; 5-day work week with provided coverage for time off; provided office, staff, supplies and equipment; provided health, accident and life insurance; tax sheltered plans available. Please contact Robert R. Howard, Pulaski Memorial Hospital, Winamac, Indiana 46996. Telephone (219) 946-6131.

**A RARE PROPERTY**—All or part of 68 unspoiled acres with over one-fourth mile frontage on Sugar Creek near Shades State Park. Mature timber, clearings, springs, streams, ravines, abundant wildlife. Seclusion and privacy. Within easy reach of Indianapolis on I-74. Ideal for private estate or multiple ownership. Sound investment. Call owner evenings or weekends. (317) 434-4881.

**1977 OLDS REGENCY**—2-door, yellow, elk top, AM-FM stereo, AC, power seat and windows. Sixteen months remain on lease. Assume lease or purchase outright. Call or write: Wm. Gilkison, M.D., 8242 S. Madison Ave., Indianapolis 46227. (317) 881-2628.

**WEEKDAY EMERGENCY DEPARTMENT ASSOCIATE**—Michigan City, Indiana. Immediate opening within commuting distance from Chicago. Many year-round outdoor activities—boating, skiing. Monday through Friday schedule. Paid malpractice. \$50,000 per year plus benefits. Send curriculum vitae to T. P. Cooper, M.D., 970 Executive Parkway, St. Louis, Missouri 63141, or call toll free 1-800-325-3982, ext. 220.

**RETIRED OR PHYSICALLY RESTRICTED** or limited practice physicians as **MEDICAL ASSOCIATES** of plasma centers in Ft. Wayne, Lafayette and Indianapolis. **PLASCON, INC.**, Mr. Reiland (317) 924-6336.

**OPPORTUNITIES FOR PHYSICIANS**—There are several excellent openings among the Indiana State Hospitals at various locations throughout the State for psychiatrists and physicians of other specialties, at most experience levels. A newly-revised salary schedule offers a very competitive income plus a generous package of fringe benefits. An adjunct practice is possible beyond the regular working hours and on-call responsibilities. Candidates must be licensable in Indiana. Please reply with a copy of the c.v. to: **FARABEE & ASSOCIATES, INC.**, P.O. Box 472, Murray, KY 42071 or call (collect) (502) 753-9772. Farabee is retained by the Indiana Department of Mental Health.

**EXCELLENT OPPORTUNITY**—Physician—for Disability Determination Division, Indiana Rehabilitation Services. No insurance requirements, no patient load, low-pressure atmosphere, excellent fringe benefits. Contact the Personnel Officer, 1-317-633-6828, or write above agency at Room 1010 Illinois Bldg., 17 W. Market St., Indianapolis 46204.

**TAX ADVANTAGED LEASING**—Fixtures, equipment, machinery, furniture and automobiles. Accelerated depreciation with investment tax credits. (317) 291-9342.

**BOOKS WANTED**—History of Medicine in Indiana, by Dr. B. D. Myers, published 1956; William Henry Wishard, A Doctor of the Old School, by Elizabeth Wishard. Write **THE JOURNAL**.

## 1978 Membership Roster

The annual ISMA membership roster is being published as a supplement to this issue of **THE JOURNAL**. In previous years, the roster appeared as a supplement to the June issue. ISMA subscribers will receive a copy of the roster automatically with this issue.

Additional copies of the roster are available. The price of single copies for ISMA members is \$5; for all others, the price is \$10. Send a check for the appropriate amount to **THE JOURNAL**, Indiana State Medical Association, 3935 N. Meridian St., Indianapolis 46208. Checks should be made payable to the Association.

# 41st Annual New Orleans Graduate Medical Assembly March 31-April 4, 1978

Meeting Theme: "The High Risk Patient."  
Accreditation: AMA Category 1—AAFP,  
ACEP.

Oliver H. Dabazies, Jr., M.D., F.A.C.S.,  
Director of Program.

Fee: \$200 Non-Member Physicians. Military: \$100. Students, Residents, Interns & Fellows: Complimentary Registration.

Write or Phone: NOGMA, Rm. 1538 Tulane Medical Center, 1430 Tulane Avenue, New Orleans 70112 (504) 525-9930

## Are You Moving?

If so, please send change of address to Membership Dept., ISMA, 3935 N. Meridian St., Indianapolis, IN 46208, at least six weeks before you move.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

IMPORTANT — Attach mailing label from your last Journal here.

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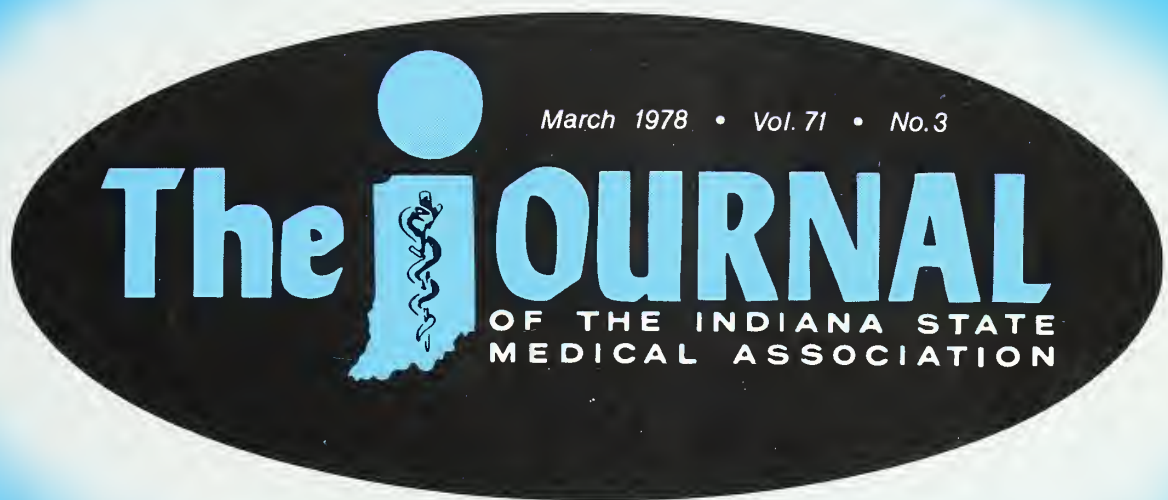
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Indiana State Medical  
Association Journal

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## County Medical Society Code Numbers

010	Adams	178	LaPorte
082	Allen	182	Lawrence
014	Bartholomew	186	Madison
018	Benton	134	Marion
062	Blackford (see Delaware-Blackford)	190	Marshall
022	Boone	046	Martin (see Daviess-Martin)
014	Brown (see Bartholomew-Brown)	194	Miami
026	Carroll	198	Montgomery
030	Cass	214	Monroe (see Owen-Monroe)
034	Clark	062	Muncie (see Delaware-Blackford)
038	Clay	202	Morgan
042	Clinton	204	Newton
114	Crawford (see Harrison-Crawford)	206	Noble
046	Daviess	050	Ohio (see Dearborn-Ohio)
050	Dearborn	210	Orange
054	Decatur	214	Owen
058	DeKalb	218	Parke
062	Delaware	222	Perry
066	Dubois	226	Pike
070	Elkhart	230	Porter
296	Evansville (see Vanderburgh)	234	Posey
074	Fayette	238	Pulaski
078	Floyd	242	Putnam
082	Fort Wayne (see Allen)	246	Randolph
086	Fountain	250	Ripley
174	Gary (see Lake)	254	Rush
074	Franklin (see Fayette-Franklin)	258	St. Joseph
090	Fulton	262	Scott
094	Gibson	266	Shelby
098	Grant	258	South Bend (see St. Joseph)
102	Greene	270	Spencer
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134	Indianapolis (see Marion)	314	Union (see Wayne-Union)
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142	Jasper	218	Vermillion (see Parke-Vermillion)
146	Jay	298	Vigo
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158	Johnson	306	Warrick
162	Knox	310	Washington
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170	LaGrange	318	Wells
174	Lake	322	White
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# 1978 Membership Roster

## INDIANA STATE MEDICAL ASSOCIATION

Following is an alphabetical list of members as of December 31, 1977.

The primary specialty appears after the physician's name and the number of the county where the physician is a member appears next. See facing page for explanation of county code numbers.

A list of members by counties begins on page 143/269.

For explanation of Specialty Codes see page 142/268.

If any errors are found, please report them to the Membership Department, ISMA, 3935 N. Meridian St., Indianapolis 46208. The cooperation of members is urgently requested.

### ALPHABETICAL LIST OF MEMBERS

AARON, BARUCH, MICHAEL, 951 SHERWOOD LAKE DR APT 1-C SCHERERVILLE 46375	EM	174	ACTON, CHAS, MICHAEL, 221 SOUTH 66TH ST TERRE HAUTE 47807	D	298
ABELEDA, LAMBERTO, VILLAS, RR 2 BOX 373 SHELBYVILLE 46176	IM	266	ADAD, WAHL, B, 8732 WOODWARD HIGHLAND 46322	CD	174
ABELL, CHAS, FREDERICK, 104 PROF ARTS CENTER MARION 46952	ORS	098	ADAMS, ELMER, W, 3124 E STATE BLVD FORT WAYNE 46805	PD	082
ABELL, WM, AUSTIN, P O BOX 2351 ANDERSON 46011	P	186	ADAMS, JULIA, LINDSAY, 4608 W JACKSON MUNCIE 47306	GP	062
ABLE, WALTER, BLDG 2 B 3200 SYCAMORE DR COLUMBUS 47201	FOP	014	ADAMS, PARKS, MADDEN, 1104 NORTH WAYNE ST NORTH MANCHESTER 46962		302
ABRAM, ROBT, MICHAEL, 121 SOUTH SECOND ST ELLETTSVILLE 47429	IM	214	ADAMS, WM, B, 4608 W JACKSON ST MUNCIE 47304	AN	062
ABRAMSON, ALLAN, LAWRENCE, 3290 GRANT ST GARY 46408	GP	174	ADAMSON, WM, ERNEST, 450 EAST MEADE DR EVANSVILLE 47715	PTH	296
ACHER, ROBT, PAUL, 221 E WASHINGTON ST GREENSBURG 47240	GP	054	ADDIS, HOWARD, MICHAEL, 303 MAIN ST MISHAWAKA 46544	GS	258
ACKER, HERBERT, KARL JOHN, 3610 BROOKLYN FORT WAYNE 46807	FP	082	ADDLEMAN, ROBT, H, R R 2 BOX 146R BROWNSBURG 46112	AN	134
ACOSTA, AMADOR, ALFONSO, MERCY HOSPITAL GARY 46402	PTH	174	ADE, CHAS, HAMILTON, 314 NORTH 6TH ST LAFAYETTE 47901	OTO	286
ACOSTA, ARACELI, TERNIDA, 1600 WEST 4TH ST HOBART 46342	AN	174	ADE, MARY, EDITH KELLER, 314 NORTH 6TH ST LAFAYETTE 47901	GP	286
ACOSTA, CONSTANCIO, BELO, 568 EAST 2ND ST HOBART 46342	PD	174	ADKINS, STANLEY, RAY, 380 PLAZA DRIVE SUITE D COLUMBUS 47201	IM	014

ADLER,ALAN,JAY, 800 S BERKLEY RD SUITE A KOKOMO 46901	GP	126	AKE,LOREN,FRANCIS, 213 MED ARTS BLDG RICHMOND 47374	GP	314
ADLER,DAVID,LEO, 4224 NORTH RIVERSIDE DRIVE COLUMBUS 47201	PTH	014	AKIN,EMEL,BILGE, 8125 PETERSBURG RD EVANSVILLE 47711		296
ADLER,FRED, 800 MAC ARTHUR BLVD NO 2 MUNSTER 46321	IM	174	AKIN,NEVZAT, 8125 PETERSBURG ROAD EVANSVILLE 47711	GE	296
ADNEY,FRANK,BROWN, 1015 SOUTH A ST RICHMOND 47374	U	314	ALARCON,ARCADIO,M, 210 WEST PIKE MARTINSVILLE 46151	IM	202
ADORABLE,BENEDICTO,C, P O BOX 447 MADISON 47250	AN	150	ALBERTSON,FRANK,P, 5318 NORTH BOSART AVE INDIANAPOLIS 46220	GP	134
ADYE,WALLACE,MORGAN, 1307 STRINGTOWN RD EVANSVILLE 47711	GP	296	ALBRECHT,WILLARD,HAROLD, 7400 HOLLINGSWORTH DR INDIANAPOLIS 46268	AN	134
AESCHLIMAN,WILLIAM,JAMES, 3217 LAKE AVE FORT WAYNE 46805	FP	082	ALCORN,MERRITT,O, R D 2 MADISON 47250	PTH	150
AGANA,ADRIANO,AGCAOILI, 5000 W RIDGE RD GARY 46408	GP	174	ALDRED,ALLEN,W, 3024 FAIRFIELD AVE FORT WAYNE 46607	PTH	082
AGRAWAL,AMARNATH,B, WALTERS CLINIC MICHIGAN CITY 46360	IM	178	ALDRICH,DAVID,DOUDT, LAFAYETTE HOME HOSP LAFAYETTE 47902	PTH	286
AHEARN,DANL,JOS, 5470 EAST 16TH ST INDIANAPOLIS 46218	NEP	134	ALEXANDER,ALAN,AMES, 2600 GREENBUSH ST LAFAYETTE 47902	PD	286
AHLBRAND,ROLAND,CARL, 4820 CHAUCER FORT WAYNE 46815	OS	082	ALEXANDER,JACK,LEE, NORWOOD OFFICE CTR MUNCIE 47302	PD	062
AHLER,KENNETH,JAMES, 1103 E GRACE ST RENSSELAER 47978	FP	142	ALEXANDER,JOHN,EVAN, 2895 WASHINGTON AVE EVANSVILLE 47714	OPH	296
AHMAD,WAHEED, 1919 STATE ST NO 308 NEW ALBANY 47150	GS	078	ALEXANDER,STEPHEN,J, P O BOX 684 CRAWFORDSVILLE 47933	OPH	198
AHN,KYUNG,JIN, 800 MAC ARTHUR BLVD MUNSTER 46321	GS	174	ALEXANDRESCU,GHEORGHE, 6 CRESTHILL ROAD TERRE HAUTE 47802	DR	218
AHUJA,GIRDHAR,LAL, 6928 YOSEMITE CT INDIANAPOLIS 46217	PD	134	ALFANO,PAUL,ANGELO, 1075 WARRICK GARY 46403	TS	174
AIGOTTI,RONALD,ERNEST, 211 EDDY ST SOUTH BEND 46617	HEM	258	ALI,SYED,A, 1156-B EAST MAIN BOONVILLE 47601	IM	306
AIKEN,ARTHUR,FRANK, 3010 E STATE ST FORT WAYNE 46805	GP	082	ALIG,HOWARD,MARION, 1500 ALBANY ST BEECH GROVE 46107	OPH	134
AIKEN,NEVIN,E, 4321 GOSHEN RD FORT WAYNE 46818	GPM	082	ALIG,VINCENT,BOONE, 1815 N CAPITOL AVE INDIANAPOLIS 46202	P	134

ALL, BARBARA, ANN BEDWELL, 1815 N CAPITOL AVE INDIANAPOLIS 46202	AN	134	ALVIS, DAVID, LEE, 50 EAST 91ST ST INDIANAPOLIS 46240	OPH	134
ALLEGRETTI, MICHAEL, L, 8238 OAKWOOD ST MUNSTER 46321	A	174	ALVIS, EDMOND, OCHS, 474 W 92ND ST INDIANAPOLIS 46260	OPH	134
ALLEN, DONALD, RAY, 642 ADAMS EVANSVILLE 47713	IM	296	AMBROSE, JESSE, CLEMENTS, 298 N 9TH ST NOBLESVILLE 46060	GP	106
ALLEN, GEO, S, BOX 158 GEORGETOWN 47122	GP	078	AMBROZAITIS, KAZYS, GEO, 8701 BROADWAY MERRILLVILLE 46410	R	174
ALLEN, LAWRENCE, E, 2009 BROWN ST ANDERSON 46016	U	186	AMICO, PASQUALE, JOS, 6111 HARRISON ST MERRILLVILLE 46410	GP	174
ALLEN, ROBT, KIRBY, 2900 NORTH SHADELAND INDIANAPOLIS 46219	OM	134	AMINI, SOHRAB, BOX 239 MEDICAL ARTS PLAZA HUNTINGBURG 47542	GS	066
ALLEN, ROBT, T, 34 S 7TH ST RICHMOND 47374	OPH	314	AMORINI, MICHAEL, F, 3200 SYCAMORE CT COLUMBUS 47201	AN	014
ALLEN, WM, H, 611 HARRIET ST STE 301 EVANSVILLE 47710	NS	296	ANDERSON, ERNEST, 1601 EAST PAULDING RD FORT WAYNE 46816	GP	082
ALLEY, TERRY, L, 1938 TRESTWAY SOUTH BEND 46614	FP	258	ANDERSON, GARLAND, D, 5110 N CLINTON FORT WAYNE 46805	FP	082
ALLEY, THOS, WM, 2020 W 86TH ST STE 307 INDIANAPOLIS 46260	NEP	134	ANDERSON, JAMES, TWYFORD, 120 W MC KENZIE GREENFIELD 46140	FP	110
ALMASE, RODOLFO, MEDENILLA, 904 RIDGE ROAD HOBART 46342	GS	174	ANDERSON, JOHN, B, BOX 977 VINCENNES 47591	GS	162
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ALTIER, WM, HOWARD, 1721 HEMLOCK RD LAFAYETTE 47905	GP	018	ANDERSON, WALTER, C, 2235 WABASH AVE TERRE HAUTE 47807	GS	296
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ALVAREZ, PAUL, VALPARAISO ORTHOPEDIC CLINIC 2501 CUMBERLAND DR VALPARAISO 46383	ORS	230	ANDREW, JERALD, LEE, 5717 S ANTHONY FORT WAYNE 46806	FP	082
ALVEY, CHAS, ROBT, 115 N CHERRY ST MUNCIE 47305	FP	062	ANDREWS, FREDERICK, BATMAN, P O BOX 1480 COLUMBUS 47201	DR	014

ANDREWS, HUGH, KENNETH, 1035 W JEFFERSON ST FRANKLIN 46131	GP	158	ARATA, JUSTIN, E, 3124 E STATE FORT WAYNE 46805	GS	082
ANG, DOMINGO, LIM, 3100 WOODGATE WAY RICHMOND 47374	IM	314	ARATA, LUCIAN, ALPHONSUS, 428 W HENDRICKS ST SHELBYVILLE 46176	GP	266
ANG, ROBERT, T, 5500 E 81ST AVE MERRILLVILLE 46410	N	174	ARBEITER, HERBERT, 7550 HOHMAN AVE MUNSTER 46321	PD	174
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ANGEL, VIRGIL, E, 2933 JEWETT AVE HIGHLAND 46322	GP	174	ARCHANGEL, CESAR, S, 207 SPARKS AVE JEFFERSONVILLE 47130	P	034
ANGELES, ARMANDO, E, 1926 VIRGINIA AVE CONNERSVILLE 47331	GS	074	ARDALAN, ABDOLAZIZ, MOEZ, 2900 W 16TH ST BEDFORD 47421	GS	182
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ANTES, EARL, H, 421 CHESTNUT ST EVANSVILLE 47713	IM	296	ARLOOK, THEODORE, DAVID, 912 W FRANKLIN ST ELKHART 46514	D	070
ANTREASIAN, BERJ, 1303 N ARLINGTON AVE INDIANAPOLIS 46202	IM	134	ARMALAVAGE, LEON, J, 802 LA PORTE AVE VALPARAISO 46383	ORS	230
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ARVIN, DELANO, ZEUS, 2600 GREENBUSH ST LAFAYETTE 47904	R	286	AUSTIN, CHAS, E, 1415 RAIBLE ANDERSON 46011	GP	186
ASH, STEPHEN, R, ARNETT CLINIC 2600 GREENBUSH ST LAFAYETTE 47904	NEP	286	AUSTIN, EUGENE, WM, ST MARYS HOSPITAL 3700 WASHINGTON AVE EVANSVILLE 47750	PD	296
ASHBURN, CLARENCE, MILLER, 2810 ETHEL AVE MUNCIE 47304	AN	062	AUSTIN, RICHARD, PAUL, 207 15 CITIZ NATL BK BEDFORD 47421	GP	182
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ASHMAN, WM, CARL, 2828 FAIRFIELD FORT WAYNE 46807	PD	082	AYERS, JOHNNIE, 602 MADISON AVE INDIANAPOLIS 46227	FP	134
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ATASSI, BASSEM, 6111 HARRISON MERRILLVILLE 46410	U	174	AYRES, WENDELL, WILLARD, 1807 N HAWTHORNE RD MARION 46952	GS	098
ATHAR, SHAHID, 8402 HARCOURT ROAD NO 703 INDIANAPOLIS 46260	END	134	AZAR, GEO, ALFRED, 614 LA PORTE AVE VALPARAISO 46383	PTH	230
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ATZ, WILLIAM, A, 1500 ALBANY ST BEECH GROVE IN 46107	ORS	134	BACHMANN, ARNOLD, J, 3736 N DELAWARE INDIANAPOLIS 46205	OBG	134

BACKER,GEO,P, 806 MAPLE AVE LA PORTE 46350	R	178	BAKER,HERMAN,MARCUS, 600 CULLEN AVE EVANSVILLE 47715	IM	296
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BACKER,MARY,B YEAGER, 1533 MICHIGAN AVE LA PORTE 46350	IM	178	BAKER,JOHN,R, 2321 CARMEL DR WEST LAFAYETTE 47906	AN	286
BACKS,ALTON,J, 1831 N KESSLER BLVD SOUTH BEND 46622	DR	258	BAKER,LESLIE,MAYER, 501 4TH ST AURORA 47001	GP	050
BADAR,GREGORIO,F, 5490 BROADWAY MERRILLVILLE 46410	P	174	BAKER,PAUL,D, 303 S MAIN ST BLUFFTON 46714	AN	318
BADER,JOS, 6457 BRAMFORD CT INDIANAPOLIS 46256	OS	134	BAKER,RAYMOND,C, 3201 OAK HILL ROAD EVANSVILLE 47711	PD	296
BADER,PATRICIA,I ENGLUM, 303 S MAIN ST BLUFFTON 46714	PD	318	BAKER,SAMMIE,BRUCE, 460 MARTINS LANE EVANSVILLE 47715	R	296
BAGHDASSARIAN,SAHAG,ARAM, 1818 AZALEA DR MUNSTER 46321	OPH	174	BAKER,WARREN, 416 E COOLSPRING AVE MICHIGAN CITY 46360	OPH	178
BAHLER,DEAN,R, 1009 SLOAN ST CRAWFORDSVILLE 47933	OM	198	BALAGUER,CARMEN,V S, 20 KENWOOD HAMMOND 46324	AN	174
BAHR,ROBT,ERNEST, 3217 LAKE FORT WAYNE 46805	GP	082	BALCH,JAMES,FERGUSON, 6402 HARCOURT RD INDIANAPOLIS 46260	U	134
BAILEY,EARL,W, 511 HUNTERS DRIVE B CARMEL 46032	GS	030	BALINAO,REUBEN,CASTILLO, PO BOX 197 MICHIGAN CITY 46360	AN	178
BAILEY,LAWRENCE,S, P O BOX 17 ZIONSVILLE 46077	GP	022	BALKEMA,CATHERINE,M, 30 N 21ST ST LAFAYETTE 47904	GP	286
BAILEY,PAUL,PRESTON, 1840 PEMBERTON DR FORT WAYNE 46805	U	062	BALL,CLAY,ADRA, WEST MINSTER VILLAGE MUNCIE MUNCIE 47302	GP	062
BAILEY,THOS,EDWIN, 129 EAST VINCENNES ST LINTON 47441	GS	102	BALL,G,MICHAEL, 702 RIVER DRIVE MARION 46952	OBG	098
BAIRD,GLENN,D, DEACONESS HOSP EVANSVILLE 47710	PUD	296	BALL,J,ROBT, 3 RIVERS EAST - STE 108 FORT WAYNE 46802	GS	082
BAIRD,MALCOLM,KEITH, 215 WARD ST CRAWFORDSVILLE 47933	FP	198	BALL,JOS,EMORY, 6612 E 9TH ST INDIANAPOLIS 46219	GP	134
BAKER,ELDON,ELLSWORTH, 110 S UNION ST DELPHI 46923	FP	026	BALL,MARGARET,J HITZEMAN, 13434 ABOITE CTR RD FORT WAYNE 46804	HEM	082
BAKER,GLENN,WILBUR, BOX 36 BROWNSBURG 46112	FP	118	BALL,W,PHILIP, 2600 W JACKSON ST MUNCIE 47303	IM	062

BALLANTINE, THOS, VAN NESS, 1100 W MICHIGAN INDIANAPOLIS 46202	GS	134	BARNHART, WILLARD, T, 611 HARRIET ST STE 504 EVANSVILLE 47710	U	296
BALTER, EUGENE, LEE, 1600 W 6TH AVE GARY 46402	R	174	BARRETT, JAMES, WM, 300 NE 14TH WASHINGTON 47501	GS	046
BALTES, JOS, H, 821 BROADWAY FORT WAYNE 46802	GP	082	BARRETT, THOS, L, 307 S 5TH ST VINCENNES 47591	PD	162
BALTZER, DONALD, JAN, 2810 ETHEL AVE MUNCIE 47304	AN	062	BARRON, ELMER, ABRAHAM, 3535 MICHIGAN AVE EAST CHICAGO 46312	GP	174
BALUYOT, GREGORIO, R, 232 NORTH BROADWAY GREENSBURG 47240	OBG	054	BARROS, PAUL, R, 250 S WASHINGTON ST HOBART 46342	OPH	230
BALUYUT, AMANDO, L, 210 WEST BOULEVARD PERU 46970	U	194	BARTELL, GARY, DENNIS, 2209 JOHN R WOODEN DR MARTINSVILLE 46151	P	202
BANGUIS, ELISEO, TAMOLA, 103 W WASHINGTON ST SHELBYVILLE 46176	GS	266	BARTHELEMY, DOUGE, 2318 W 5TH AVE GARY 46404	HEM	174
BANGUIS, LUCIA, PASILABAN, 103 W WASHINGTON ST SHELBYVILLE 46176	IM	266	BARTLETT, DONALD, TALMAGE, 307 S 5TH ST VINCENNES 47591	OBG	162
BANKOFF, MILTON, LEWIS, 1225 E COOLSPRING MICHIGAN CITY 46360	GP	176	BARTLEY, MAX, DONALD, 50 E 91ST ST NO 210 INDIANAPOLIS 46240	OPH	134
BANNON, WM, G, 400 8TH AVE TERRE HAUTE 47804	IM	298	BARTON, REGINALD, RAYMOND, 6101 MILLER AVE GARY 46403	GP	174
BARAN, CHAS, 212 SHERLAND BLDG SOUTH BEND 46601	NS	258	BARTON, ROBT, FRANCIS, 610 N WAYNE ST NO B ANGOLA 46703	GP	278
BARBEE, JOHN, YOUNG, 210 PROFESSIONAL ARTS BLDG 1919 STATE STREET NEW ALBANY 47150	OPH	078	BARTON, WILLOUGHBY, M, 316 E MAIN ST CENTERVILLE 47330	FP	314
BARCH, JOHN, W, 1301 S HARRISON ST FORT WAYNE 46802	OM	082	BARTSCH, HARVEY, LEONARD, 11118 KOLINA LANE SUN CITY AZ 85351	U	258
BARD, FRANK, BRUCE, 305 E HOWARD ST CROTHERSVILLE 47229	GP	136	BASH, DAVID, L, 1100 W MICHIGAN STREET INDIANAPOLIS 46202	GE	134
BARNARD, ROGER, LESLIE, 408 SOUTH ALVORD EVANSVILLE 47714	FP	296	BASH, STEPHEN, ESTAL, 2828 FAIRFIELD FORT WAYNE 46807	PD	082
BARNES, GILBERT, HARVEY, 513 SOUTH SHERMAN DR INDIANAPOLIS 46203	FP	134	BASH, WALLACE, EUGENE, 2828 FAIRFIELD FORT WAYNE 46807	PD	082
BARNES, HELEN, BEALL, RR 4 GREENWOOD 46142	PD	158	BASKETT, RUSSELL, J, 408 S MAIN ST JONESBORO 46936	GP	098
BARNES, JAMES, V, ELKHART CLINIC ELKHART 46514	IM	070	BASSETT, MARGARET, ANN, THORNTOWN 46071	FP	022

BASTNAGEL,WM,FRANCIS, 8305 CLARIDGE ROAD INDIANAPOLIS 46260	IM	134	BAXTER,NEAL,E, 306 E KIRKWOOD AVE BLOOMINGTON 47401	IM	214
BATACAN,GEO,ACOSTA, 2208 FLAIRMONT TR L B MICHIGAN CITY 46360	P	178	BAXTER,SAML,MAURICE, 1105 CENTRALIA CT JEFFERSONVILLE 47130	OTO	078
BATCHELDER,JOHN,ERNEST, 1500 ALBANY ST NO 101 BEECH GROVE 46107	CD	134	BAYAZIT,LUTFI,Y, 229 MEDICAL CENTER BLDG FORT WAYNE 46805	GP	082
BATE,MOSTAFA,HASHEM, 8402 HARCOURT RD INDIANAPOLIS 46260	GS	134	BEACH,NORMAN,F, 919 E JEFFERSON BLVD SOUTH BEND 46622	R	258
BATES,LAURENCE,HOWARD, 3524 N MERIDIAN INDIANAPOLIS 46208	IM	134	BEACH,ROBT,RUSSEL, 5810 PLEASANT RUN PKWY INDIANAPOLIS 46219	OS	134
BATNITZKY,SOLOMON, 8950 SOURWOOD COURT INDIANAPOLIS 46260	R	134	BEAHM,RONALD,J, 600 EAST WINONA AVE WARSAW 46580	PD	166
BATTERSBY,JAMES,S, 6001 SUNSET LANE INDIANAPOLIS 46208	TS	134	BEAMS,RALPH,H CURIE, 731 MED CENTER FORT WAYNE 46802	OPH	082
BATTIES,PAUL,TERRY, 4248 COLD SPRING RD INDIANAPOLIS 46208	IM	134	BEAMS,RONALD,NED, 12023 EDEN GLENN DRIVE CARMEL 46032	OPH	134
BATTLE,FREDERICK,GERALD, 3714 FRANKLIN MICHIGAN CITY 46360	GP	178	BEAN,JOS,STRATTON, TWO CHASE PARK LOGANSPOET 46947	R	030
BAUER,THOS,BRYANT, 13825 N 107TH DR SUN CITY AZ 85351	PS	134	BEAN,WM,JOS, 1251 KEM RD MARION 46952	D	098
BAUGHN,WM,LUTHER, 1517 WINDING WAY ANDERSON 46011	OM	186	BEARDSLEY,FRANK,A, 1201 OAK ST FRANKFORT 46041	GP	042
BAUM,JOHN,RUSSELL, 305 7TH ST WINONA LAKE 46590	GP	166	BEATTY,BRUCE,EUGENE, 8962 CRAWFORDSVILLE RD INDIANAPOLIS 46234		134
BAUMAN,RICHARD,LEE, 700 BROADWAY FORT WAYNE 46802	R	082	BEAVEN,JOHN,B, 721 W 13TH ST-STE 102-103 JASPER 47546	ABS	066
BAUMEISTER,HERBERT,E, 3266 N MERIDIAN ST INDIANAPOLIS 46208	AN	134	BEAVER,ERNEST,RAYMOND, 111 THOMPSON ST RENSSELAER 47978	FP	142
BAUTISTA,AMANCIO,G, R R 4 565 RIDGEMONT DR NEWBURGH 47630	AN	296	BEAVER,HOWARD,WILSON, 3101 S MERIDIAN ST INDIANAPOLIS 46217	GP	134
BAUTISTA,WARLITO,AVILES, 914 SPRINGDALE JEFFERSONVILLE 47130	IM	034	BEAVER,WALTER,PHIL, 395 WESTFIELD RD NOBLESVILLE 46060	FP	134
BAWAB,M,SAMIR, 919 E JEFFERSON ST SOUTH BEND 46622	R	258	BECHTOL,LAVON,DEE, LILLY CLINIC GEN HOSP INDIANAPOLIS 46202	PA	134
BAXTER,HARRY,R, 209 SOUTH WALNUT ST SEYMOUR 47274	GP	138	BECHTOLD,DAVID,LEE, 919 EAST JEFFERSON BLVD SOUTH BEND 46622	GS	258

BECHTOLD,SAML,E, 17545 JUDAY LAKE DR SOUTH BEND 46635	OBG	258	BEGGS,LOWELL,FREDERICK, 832 WASHINGTON ST COLUMBUS 47201	GS	014
BECK,DAVID,C, 402 NORTHWESTERN SUITE 106 WEST LAFAYETTE 47906	D	286	BEGLEY,JOS,W, 314 S E RIVERSIDE DR EVANSVILLE 47713	OTO	296
BECK,EVART,MALCOLM, 915 E 38TH ST INDIANAPOLIS 46205	IM	134	BEHN,WALTER,MARTIN, 1900 68TH ST N 302 ST PETERSBURG FL 33710	GP	174
BECK,JAMES,PHILLIP, 1312 BEDFORD ROAD WASHINGTON 47501	IM	046	BEHREND,FRANK,LUDWIG, 1101 GLENDALE BLVD VALPARAISO 46383	OBG	230
BECK,ROBT,E, 611 HARRIETT STE 103 EVANSVILLE 47710	R	296	BEIERLEIN,KARL,M, 2716 BUTLER ROAD FORT WAYNE 46808	OBG	082
BECKER,HARRY,GREGORY, 6060 N COLLEGE AVE INDIANAPOLIS 46220	GS	134	BEIGHTS,RAYMOND,SAML, 2200 RANDALIA DR FORT WAYNE 46805	GP	082
BECKER,JERRY,DONNELL, 515 READ ST EVANSVILLE 47710	IM	296	BEISEL,LARRY,HOMAN, 421 CHESTNUT ST EVANSVILLE 47713	PD	296
BECKER,LOWELL,ERVIN, 119 WEST RUDISELL BLVD FORT WAYNE 46807	CHP	082	BEISER,GEO,DAVID, 4321 FIR ST EAST CHICAGO 46312	CD	174
BECKER,SAML,WM, 2075 INDIANAPOLIS BLVD WHITING 46394	D	174	BELANGER,ROBT,ALLEN, 5029 BLUM DR FORT WAYNE 46815	FP	082
BECKMAN,ARTHUR,JOS, 12110 GRANT ST CROWN POINT 46307	GP	174	BELCHER,ALAN,DEVON, MARION GEN HOSP MARION 46952	R	098
BECONOVICH,ROBT, 7905 CALUMET AVE MUNSTER 46321	GP	174	BELL,HORACE,D, 420 N HILL ST SOUTH BEND 46617	GP	258
BEDWELL,MARION,HADDON, 16 N COURT ST SULLIVAN 47882	GP	282	BELLIS,STEPHEN,LAWRENCE, 714 SOUTH ROGERS BLOOMINGTON 47401	R	214
BEELER,FRANKLIN,K, 1931 BROWN ST ANDERSON 46014	FP	186	BELSHAW,GEO,HENRY, 1640 N RITTER AVE INDIANAPOLIS 46218	OBG	134
BEELER,JOHN,WATSON, 7974 N ILLINOIS ST INDIANAPOLIS 46260	R	134	BELT,JAMES,H, 8801 N MERIDIAN INDIANAPOLIS 46260	PD	134
BEERING,STEVEN,CLAUS, IU MEDICAL CTR INDIANAPOLIS 46202	IM	134	BELTZ,HOMER,F, 2001 W 86TH STREET INDIANAPOLIS 46260		134
BEESEY,RICHARD,ROY, 2600 GREENBUSH ST LAFAYETTE 47904	PD	286	BEMAN,JOHN,W, 421 CHESTNUT ST EVANSVILLE 47713	OTO	296
BEESON,WILBUR,P, 120 W MC KENZIE GREENFIELD 46140	FP	110	BENCHIK,FRANK,AUGUST, 4712 MAGOUN AVE EAST CHICAGO 46312	FP	174
BEESON,WILLIAM,H, 13 FARR HILLS DR WESTFIELD 46074	GS	134	BENDER,BRUCE,HAROLD, 4949 CARSON AVE INDIANAPOLIS 46227	IM	134

BENDER, MARTIN, JOHN, 3700 BELLMEADE EVANSVILLE 47715	U	296	BENTZ, JOHN, MARVIN, 418 WILLOWBROOK BLUFFTON 46714	OBG	318
BENDLER, CARL, HENRY, 198 COUNTRY CLUB RD BOX 758 LAKE MARY FL 32746	GP	174	BENZ, JAMES, ALBERT, 1001 W 10TH ST INDIANAPOLIS 46202	FOP	134
BENEDICT, HAROLD, GAYMAN, 1916 JACKSON ST ANDERSON 46014	GP	186	BENZ, JESSE, C, 112 16TH AVE N ST PETERSBURG FL 33704	GP	114
BENEDICT, PAUL, FRANCIS, 5626 E 16TH INDIANAPOLIS 46218	GS	134	BERGAL, MILTON, B, 2318 W 5TH AVE GARY 46404	GP	174
BENHAM, LAWRENCE, E, 25TH AND Q ST DUNN MEM DOC P BEDFORD 47421	GP	182	BERGAN, JOS, ANTHONY, 217 W HOMER ST MICHIGAN CITY 46360	GS	178
BENJAMIN, SAMSON, ADAM, 7 TWIN OAKS RR 8 CRAWFORDSVILLE 47933	OBG	198	BERGHOFF, JAMES, RAYMOND, 3702 RUPP DR FORT WAYNE 46805	OM	082
BENKEN, LAWRENCE, D, 1111 W JACKSON ST MUNCIE 47305	OBG	062	BERGWALL, WARREN, L, 3111 WEST JACKSON MUNCIE 47304	FP	062
BENNETT, ABNER, P, WELBORN BAPTIST HOSP EVANSVILLE 47713	PTH	296	BERKE, ROBT, D, 1118 LINCOLN WAY E SOUTH BEND 46618	A	258
BENNETT, BENJ, DOUGLAS, 402 SOUTH BERKLEY RD KOKOMO 46901	GP	126	BERKER, BEDII, S, P O BOX 2464 MUNCIE 47302	AN	062
BENNETT, DICK, L, 1624 24TH ST BEDFORD 47421	AN	182	BERKSHIRE, SHAFFER, B, 2400 EAST 17TH STREET COLUMBUS 47201	R	014
BENNETT, IVAN, FRANK, 8452 GREEN BRAES DR N INDIANAPOLIS 46234	P	134	BERKSON, MYRON, E, 1101 E COOLSPRING AVE MICHIGAN CITY 46360	P	178
BENNETT, JAMES, E, INDIANA UNIV MED CTR INDIANAPOLIS 46202	PS	134	BERMAN, EDWARD, J, 3426 N MERIDIAN ST INDIANAPOLIS 46207	PDS	134
BENNETT, JENE, R, 531 N MAIN ST SOUTH BEND 46601	PTH	258	BERNARD, MARVIN, R, 5500 EAST 81ST AVE MERRILLVILLE 46410	NS	174
BENNETT, RONALD, G, TIPTON PARK PLAZA 411 PLAZA DRIVE SUITE H COLUMBUS 47201	ORS	014	BERNER, HERBERT, WM, 2501 W JACKSON MUNCIE 47303	OBG	062
BENNETT, WM, SHERMAN, 1815 N CAPITAL AVE INDIANAPOLIS 46202	AN	134	BERNSTEIN, LAWRENCE, D, 7905 CALUMET MUNSTER 46321	IM	174
BENSON, JAMES, EDMUND, BOX 2507 ELKHART 46514	P	070	BERRY, GEORGE, F, 3700 BELLEMEADE AVE EVANSVILLE 47715	FP	296
BENSON, JESSE, THOS, 650 N GIRLS SCH RD INDIANAPOLIS 46224	OBG	134	BERRY, MARGARET, 8402 HARCOURT RD INDIANAPOLIS 46260	IM	134
BENTZ, EDWARD, WAYNE, 8402 HARCOURT ROAD INDIANAPOLIS 46260	AN	134	BERUBEN, MIGUEL, F, P O BOX 3159 EAST CHICAGO 46312	IM	174

BEST,ROBT,C, 2075 INDIANAPOLIS BLVD WHITING 46394	GP	174	BILLINGSLEY,JOHN,SMITH, 2826 FAIRFIELD AVE FORT WAYNE 46807	R	082
BEUERMAN,VIRGIL,ADOLPH, 2600 GREENBUSH ST LAFAYETTE 47905	OPH	286	BILLS,ROBT,J, 504 BROADWAY GARY 46402	GS	174
BEUTLER,THEODORE,V, 527 W BERRY ST FORT WAYNE 46802	U	082	BILLS,ROBT,NOEL, 504 BROADWAY GARY 46402	GS	174
BEVERS,MARK,MITCHELL, 209 SOUTH WALNUT ST SEYMOUR 47274	FP	138	BILODEAU,RICHARD,GERARD, RR NO 6 BOX 400 NOBLESVILLE 46060	DR	106
BHAGWANDIN,HARRY,OMROA, 4761 SOUTHEASTERN AVE INDIANAPOLIS 46203	GP	134	BINGLE,GLENN,JAY, 1500 N RITTER AVE INDIANAPOLIS 46219	IM	134
BHANGOO,SUKMINDER,SINGH, 1350 CHESTER BLVD RICHMOND 47374	AN	314	BISHOP,MICHAEL,DARYL, HOMESTEAD FARM 5960 W STATE ROAD 46 BLOOMINGTON 47401	EM	214
BIBLER,LESTER,DAVID, 4360 N PENN INDIANAPOLIS 46205	FP	134	BISSONNETTE,ROGER,P, 421 CHESTNUT ST EVANSVILLE 47713	IM	296
BICALHO,JOSE,FERNAL, 6111 HARRISON ST MERRILLVILLE 46410	ORS	174	BIXLER,DONALD,PAUL, P O BOX 1835 ANDERSON 46014	OPH	186
BICKERS,EVERETT,EARL, R R 3 BOX 572 FLOYDS KNOBS 47119	GP	076	BIXLER,GLORIA,A GREENEN, 8402 HARCOURT RD-STE 317 INDIANAPOLIS 46260	P	134
BIDNEY,EVELYN,BRESLIN, 5946 NORTH NEW JERSEY ST INDIANAPOLIS 46220	GP	214	BIXLER,JAMES,AMOS, MED-DENTAL BLDG-3030 LAKE AVE FORT WAYNE 46805	OPH	062
BIEGEL,ANGENIETA,ANNE, 2842 STILLMAN AVE INDIANAPOLIS 46268	IM	134	BIZAL,JOHN,ADOLPH, 314 S E RIVERSIDE EVANSVILLE 47712	OTO	296
BIERMAN,GILBERT,HENRY, 717 BROADWAY FORT WAYNE 46602	ORS	082	BIZER,MIER,A, 1206 SPRING ST JEFFERSONVILLE 47130	GP	034
BIGLAN,ALBERT,W, 7 SYLVAN RD PITTSBURGH PA 15221	OPH	134	BLACK,BOYD,K, GOOD SAMARITAN HOSP VINCENNES 47591	PTH	162
BIGLER,FREDERICK,W, 124 PARMLEY GOSHEN 46526	AN	070	BLACK,HENRY,RAY, 7851 HOLLY CREEK LANE INDIANAPOLIS 46240	OS	134
BIHL,JOHN,HELMUT, 3785 INDIAN TRAIL ORCHARD LAKE MI 48033	OM	010	BLACK,JOS,MORTON, 671 BRAWICK RD SEYMOUR 47274	GP	138
BILL,ROBT,O, 3231 N MERIDIAN ST INDIANAPOLIS 46208	PYA	134	BLACK,KENNETH,A, 2674P PORTAGE MALL PORTAGE 46368	FP	230
BILLENA,RAYMUNDO,L, 5490 BROADWAY PLAZA SUITE 101 MERRILLVILLE 46410	GP	174	BLACK,M,JAMES, BOX 36 BROWNSBURG 46112	GP	118
BILLINGS,ELMER,RAY, BOX 2507 ELKHART 46514	IM	070	BLACK,THOS,HOUSTON, 600 NORTH ARLINGTON GREENCASTLE 46135	FP	242

BLACKBURN, HOWARD, R, 14010 ALLISONVILLE RD NOBLESVILLE 46060	R	106	BLICHERT, PETER, A, THREE RIVERS E STE 104 FORT WAYNE 46802	OBG	082
BLACKBURN, ROBT, ALFRED, 3530 SOUTH KEYSTONE NO 310 INDIANAPOLIS 46227	OTO	134	BLIX, FRED, MAYOR, 8402 HARCOURT ROAD SUITE 513 INDIANAPOLIS 46260	FP	134
BLACKFORD, FLORENCE, SMITH, 5909 E 10TH ST INDIANAPOLIS 46219	R	134	BLOEMKER, EDWARD, F, 6145 BRYAN DR INDIANAPOLIS 46227	GP	134
BLACKFORD, RALPH, ELLIS, 5909 E 10TH ST INDIANAPOLIS 46219	GP	134	BLOOM, A, WARD, 610 RIVER DR MARION 46952	PH	098
BLACKWELL, DONALD, S, 1815 N CAPITOL AVE INDIANAPOLIS 46202	ORS	134	BLOOM, GEO, ROBT, 236 SIMPSON ELKHART 46514	FP	070
BLAIR, GARRE, EUGENE, R R 2 BOX 68 VEVAY 47043	GP	150	BLOOMER, RICHARD, SAML, 115 N MARKET ST ROCKVILLE 47872	GP	218
BLAIR, RICHARD, GEO, 3 PARKMOOR DRIVE HUNTINGTON 46750	GP	130	BLOSS, BRYANT, ALLEN, 801 ST MARYS DR SUITE 410 EVANSVILLE 47715	ORS	296
BLAISDELL, WM, FREDERICK, 1124 MEDICAL PL SEYMOUR 47274	GP	138	BLOSSOM, PAUL, WRIGHT, 825 SOUTH A ST RICHMOND 47374	GP	314
BLAKE, ALBERT, L, 5508 EAST 16TH ST INDIANAPOLIS 46218	IM	134	BLOXDORF, JOHN, WM, BOX 1468 TERRE HAUTE 47808	PTH	298
BLANCO, RAMON, M, 2167 GETTLER ST DYER 46311	NS	174	BLUE, EARL, ROBT, HOWARD COMM HOSP KOKOMO 46901	R	126
BLANDING, JAMES, D, 2500 FERRY ST LAFAYETTE 47904	PTH	286	BLUM, LEON, LEIB, P O BOX 1468 TERRE HAUTE 47808	PTH	298
BLANDO, ULDARICO, BRINGAS, 6101 BIRCH ST GARY 46403	R	230	BLYTHE, JERRY, EDWARD, 924-A PARK CENTRAL DR S INDIANAPOLIS 46260	GP	134
BLASSARAS, CRIST, A, 2005 BROADWAY ANDERSON 46013	GP	186	BOAZ, WM, DALE, 1025 MANCHESTER AVE WABASH 46992	GP	302
BLATT, ADOLPH, EBNER, 3266 N MERIDIAN ST APT 306 INDIANAPOLIS 46208	IM	134	BOBB, KENNETH, E, 410 S CHESTNUT ST SEYMOUR 47274	FP	138
BLAZEY, ARTHUR, GAIUS, 7 E WALNUT ST WASHINGTON 47501	GP	046	BOBERG, ARTHUR, RICHARD, 420 W WASHINGTON ST MUNCIE 47305	IM	062
BLEDSON, JAMES, GLEN, BOX 2887 MUNCIE 47302	GP	122	BODNAR, LESLIE, M, P O BOX P ROOM 102 NOTRE DAME 46556	ORS	258
BLESSINGER, LOUIS, HENRY, 101 W CHESTNUT ST CORYDON 47112	GP	114	BOEN, BRADLEY, NELSON, 5936 BRENDONRIDGE COURT SOUTH INDIANAPOLIS 46226	P	298
BLEZA, MAXIMO, TULABOT, 7905 CALUMET AVE MUNSTER 46321	OM	174	BOESTER, JEFFREY, ALLYN, 6130 REDCOACH COURT INDIANAPOLIS 46250	OBG	134

BOGGS,EUGENE,FULTON, 8 E TROY AVE INDIANAPOLIS 46225	IM	134	BOND,WM,HOLMES, I U MEDICAL CTR INDIANAPOLIS 46202	IM	134
BOHA,MARIA,AGNES SZITTYA, 1919 STATE STREET SUITE 104 NEW ALBANY 47150	GP	078	BONSETT,CHAS,A, 6133 E 54TH PL INDIANAPOLIS 46226	N	134
BOHA,RUDOLF,LASZLO, 1919 STATE ST NEW ALBANY 47150	GP	078	BOOHER,OLGA,M BONKE, 2818 BARBARY LANE G INDIANAPOLIS 46205	PD	134
BOHLING,JEFFREY,LUKE, 7101 MONROE AVE EVANSVILLE 47715	OBG	296	BOONE,CLARENCE,WAYNE, 2200 GRANT ST GARY 46404	OBG	174
BOJRAB,LOUIS,DEAN, 3663 WALDEN PL CARMEL 46032	AN	134	BOONE,CRAIG,DANL, 5820 STONERIDGE DR INDIANAPOLIS 46226	EM	314
BOLANDER,JAMES,EDWIN, 3217 E LAKE AVE FORT WAYNE 46805	GP	082	BOONE,ROBT,D, 421 CHESTNUT ST EVANSVILLE 47713	TS	296
BOLIN,ROBT,CORNWALL, 2600 GREENBUSH LAFAYETTE 47902	IM	286	BOONJARERN,SAMPANTA, 7895 BROADWAY MERRILLVILLE 46410	IM	174
BOLING,FREDERICK,FRANCIS, 3049 S HOLT ROAD INDIANAPOLIS 46241	GP	134	BOOTH,BOYNTON,HOOKE, 8801 N MERIDIAN ST SUITE 209 INDIANAPOLIS 46260	D	134
BOLING,GROVER,C, 1440 EAST 46TH ST INDIANAPOLIS 46205	GP	134	BOOTH,FRANKLIN,M, 3610 NORTHSIDE BLVD SOUTH BEND 46615	PS	258
BOLING,RICHARD,CLAYTON, 1332 W INDIANA AVE ELKHART 46514	OPH	070	BOOZE,JAMES,H, 711 W 2ND ST BLOOMINGTON 47401	ORS	214
BOLINGER,GARRY,LEE, 301 E 38TH ST INDIANAPOLIS 46205	CLP	134	BOPP,HENRY,WM, 221 S 6TH ST TERRE HAUTE 47807	GS	298
BOLLHEIMER,DON,ALLEN, 623 MED CTR BLDG FORT WAYNE 46802	OPH	082	BORDADOR,TEODORO E,F, 207 SPARKS AVE 104 MEDICAL ARTS BLDG JEFFERSONVILLE 47130	P	034
BOMALASKI,MARTIN,DONALD, 1005 KUEBLER PL JASPER 47546	DR	066	BORDER,JOHN,FRANKLIN, 3729 W JACKSON MUNCIE 47304	CD	062
BOMBA,BRAD,JOS, 515 WOODCREST DR BLOOMINGTON 47401	GP	214	BOREN,PAUL,RANDOLPH, POSEYVILLE 47633		234
BOMBAR,LESLIE,EUGENE, 7905 CALUMET AVE MUNSTER 46321	GP	174	BORGES,VICTOR,V J, 409 VAN BUREN ST HUNTINGBURG 47542	GS	066
BONAVENTURA,ANGELO,P, 2914 HIGHWAY ST HIGHLAND 46322	GP	174	BORLAND,RAYMOND,MILTON, R D 3 BOX 51 BLOOMINGTON 47401	PH	214
BOND,LARRY,GENE, 2600 GREENBUSH ST LAFAYETTE 47904	D	286	BORNSTEIN,HERSCHEL, 3233 BROADWAY GARY 46409	GP	174
BOND,VIRGINIA,KING, 4525 W 59TH ST INDIANAPOLIS 46254	AN	134	BORROMEO,VENUSTIANO,H J, 149 NEW ORLEANS ST SCHERERVILLE 46375	EM	174

BOSCH,RALPH,OTTO, 930 SOUTH DRIVE SEYMOUR 47274	IM	138	BOWERS,JOHN,ALDEN, 1535 WEST JEFFERSON KOKOMO 46901	OPH	126
BOSLER,HOWARD,AARON, 2000 SOUTH 15TH ST APT D 3-2 GOSHEN 46526	OS	070	BOWERS,LYNN,A, 1229 SOUTH MAIN ST NEW CASTLE 47362	PD	122
BOSLEY,ROGER,EUGENE, 2400 FERRY ST LAFAYETTE 47904	OBG	286	BOWERSOX,LE,ROY WM, 19519 COUNTY RD N 146 NEW PARIS 46553	PTH	070
BOSSARD,JOHN,W, 3030 LAKE AVE SUITE #9 FORT WAYNE 46805	NS	082	BOWMAN,CHAS,M, 107 E JEFFERSON ST ALBION 46701	GS	206
BOTKIN,CHAS,THOS, AMELIA T WOOD HEALTH SERVICE BALL STATE UNIVERSITY MUNCIE 47306	GP	062	BOWMAN,JOHN,ALDEN, 5602 FOUR MILE HILL DR KOKOMO 46901	P	126
BOTKIN,CLYDE,GARRETT, 520 WEST MAIN ST MUNCIE 47305	GP	062	BOWMAN,LEON,WILSON, 104 PROFESSIONAL ARTS BLDG NEW ALBANY 47150	GP	078
BOTKIN,JAMES,EDWARD, 706 RIVER DR MARION 46952	FP	098	BOWSER,PHILIP,GORTNER, 107 S 5TH ST GOSHEN 46526	GP	070
BOUGHER,GERALD,RAY, JEFFERSON SQUARE LAFAYETTE 47905	GP	286	BOYCE,PAUL,ACHILLES, 5235 N MERIDIAN ST INDIANAPOLIS 46208	DIA	134
BOURKE,WM,W, 1211 EUCLID AVE MARION 46952	P	098	BOYD,CARL,RITTER, TWO CHASE PARK LOGANSPOET 46947	R	030
BOURLAND,BARBARA,JOHNSON, 807 CUMBERLAND WEST LAFAYETTE 47906	PD	286	BOYD,HARVEY,CLARK, 221 S 6TH ST TERRE HAUTE 47807	GYN	298
BOWDOIN,GEO,EDWARD, 2580 ESTERO BLVD NO 21 FORT MYERS BEACH FL 33931	GP	070	BOYER,DON,W, 1604 N LEBANON ST LEBANON 46052	GS	022
BOWEN,GERALD,THOS, 705 TANNER AVE LAWRENCEBURG 47025	FP	050	BOYER,FLOYD,ALFRED, 136 S WITTFIELD INDIANAPOLIS 46229	GP	134
BOWEN,OTIS,RAY, 4750 NORTH MERIDIAN ST INDIANAPOLIS 46208	GP	190	BOYER,GRACE,BESHGETOOR, 607 LOCUST ST MARION 46952	OBG	098
BOWER,RICHARD,ELRIE, 3610 BROOKLYN AVE FORT WAYNE 46807	GP	082	BOYLE,CARROLL,L, 715 1ST AVE-STE 41 EVANSVILLE 47710	GP	296
BOWERS,CHAS,RICHARD, 2009 BROWN ST ANDERSON 46014	GS	186	BOYS,FAY,FRANK, 250-7TH AVE SOUTH NAPLES FL 33940	GP	174
BOWERS,COPELAND,C, 18145 FOREST VIEW RD MONUMENT CO 80132	GP	126	BOZE,ROBT,L, 265 W WATER ST BERNE 46711	GP	010
BOWERS,GEO,W, 2828 FAIRFIELD AVE FORT WAYNE 46807	U	082	BRACEY,ALTAMONT,HART, 2600 GREENBUSH ST LAFAYETTE 47904	PDS	286
BOWERS,JESSE,W, 1830 FOREST PARK BLVD FORT WAYNE 46805	GS	082	BRADLEY,LOUIS,FRANCIS, 303 S MAIN BLUFFTON 46714	IM	318

BRADLEY,RICHARD,VINCENT, R R NO 2 BOX 281 GREENTOWN 46936	GP	126	BREITWEISER,THOS,DAVID, 122 FAIRMONT DR MADISON 47250	R	150
BRADY,KINGDON, 612 TERRY LANE LAFAYETTE 47906	PTH	286	BREMER,WINDHAM, 1511 WABASH MICHIGAN CITY 46360	R	178
BRADY,THOMAS,A, 1815 N CAPITOL INDIANAPOLIS 46202	ORS	134	BRENNAN,BETSY,BECKER, 1930 FISHER PL MUNSTER 46321	D	174
BRAKEL,FRANK,J, 421 CHESTNUT ST EVANSVILLE 47713	IM	296	BRENNAN,THOS,FRANCIS, ARNETT CLINIC 2600 GREENBUSH LAFAYETTE 47904	OTO	286
BRANAM,GEO,EVERETT, 1138 WARWICK RD MUNCIE 47304	PTH	062	BRENNAN,WM,CLARENCE, 2833 LINCOLN ST HIGHLAND 46322	GS	174
BRANCO,ARTHUR,MATTHEW, 7905 CALUMET AVE MUNSTER 46321	GS	174	BRENNER,HOWARD,B, 800 MAC ARTHUR BLVD MUNSTER 46321	OBG	174
BRAND,ANNA,S, 656 WENTWORTH AVE CALUMET CITY IL 60409	GP	174	BRENNER,HUGO,ANTONIO, 101 SUZIE LANE ATTICA 47918	GS	086
BRANDES,DAVID,CHAS, 123 RIVER DR MARION 46952	U	098	BREWER,DAVID,HAROLD, 5440 25TH ST RT 12 BOX 1-B COLUMBUS 47201	PD	014
BRANDMAN,HARRY, 251 WEST SOUTH ST JO 13 GALESBURG IL 61401	P	174	BREWER,ROBT,ALLEN, 216 9TH ST LOGANSPOUT 46947	OS	030
BRANDT,WM,E, 618 W BERRY ST FORT WAYNE 46802	GS	082	BRICKLEY,HARRY,D, 3266 N MERIDIAN 608 INDIANAPOLIS 46208	GS	134
BRANTLY,JAMES,MONROE, 11175 SOUTHEASTERN AVE INDIANAPOLIS 46259	IM	134	BRICKLEY,RICHARD,AGAR, 3266 N MERIDIAN STE 608 INDIANAPOLIS 46208	GS	134
BRASHEAR,RICHARD, 7070 WASHINGTON BLVD INDIANAPOLIS 46220	PUD	134	BRIDGE,BARTON,C, JEFFERSON SQUARE LAFAYETTE 47905	GP	286
BRASOVAN,SRBISLAV,N, 6111 HARRISON ST MERRILLVILLE 46410	OBG	174	BRIDGES,ALVIN,L, 1302 MADISON AVE ANDERSON 46011	FP	186
BRAUER,ABRAHAM,A, 1010 REYOME DR GRIFFITH 46319	P	174	BRIDGES,WM,L, 2200 LAKE AVE SUITE 150 FORT WAYNE 46805	R	082
BRAUN,STEPHEN,EARL, 2301 W MICHIGAN ST EVANSVILLE 47712	OS	296	BRIGGS,ROBT,WM, 2140 N CAPITOL AVE INDIANAPOLIS 46202	IM	134
BRAUNLIN,ROBT,JUSTICE, 5110 N CLINTON FORT WAYNE 46825	OTO	082	BRILL,JOS,B, 207 SPARKS AVE JEFFERSONVILLE 47130	P	034
BRAYTON,LEE, 3930 N ILLINOIS ST INDIANAPOLIS 46208	GP	134	BRILLHART,JAMES,RICHARD, 5506 E 16TH ST INDIANAPOLIS 46218	OBG	134
BRECHTL,HARVEY,J, 119 S EDDY ST SOUTH BEND 46617	GP	258	BRINCKO,JOHN, 6111 HARRISON MERRILLVILLE 46410	U	174

BRISSENDEN, REYNOLDS, 320 N MERIDIAN ST ROOM 812 INDIANAPOLIS 46204	OM	134	BROWN, EARL, ROBT, 1500 N RITTER AVE INDIANAPOLIS 46219	DR	134
BRITT, ROBT, LEE, 421 CHESTNUT ST EVANSVILLE 47713	PD	296	BROWN, FRANCES, TURPIN, 2126 N TALBOTT AVE INDIANAPOLIS 46202	GP	134
BRITTON, WELBON, DUNLAP, R D 1 MONTEZUMA 47862	GP	218	BROWN, FRANK, MEUKLER, 3351 NORTH MERIDIAN ST NO 101 INDIANAPOLIS 46208	GP	134
BROCKMAN, WILFRED, J, 439 E CHESTNUT ST CORYDON 47112	GP	114	BROWN, GARLAND, RICHARD, 5522 W HAMILTON FORT WAYNE 46804	R	082
BRODERSEN, JAMES, DENNIS, 6850 HOHMAN AVE HAMMOND 46324	OPH	174	BROWN, GEO, EDWIN, P O BOX 328 GREENWOOD 46142	GP	158
BROGAN, THOS, MICHAEL, 1265 W 86TH STREET INDIANAPOLIS 46260	GP	134	BROWN, GORDON, T, 3266 N MERIDIAN STE 609 INDIANAPOLIS 46208	P	134
BROMLEY, LUMAN, W, 5717 SOUTH ANTHONY BLVD FORT WAYNE 46805	ORS	082	BROWN, JAMES, RICHARD, 1005 N CAMPBELL ST VALPARAISO 46383	U	230
BRONSON, PAUL, JONES, 58 ALLENDALE TERRE HAUTE 47802	OBG	296	BROWN, JOHN, MICHAEL, 2400 FERRY ST LAFAYETTE 47904	OBG	286
BRONSON, WILLIAM, W, 202 S 32ND ST RICHMOND 47374	EM	314	BROWN, JOHN, STANLEY, R R GREENBRIER HILLS SULLIVAN 47882	GP	282
BROOKS, FRED, REYNOLDS, 1660 CUNNINGHAM DR INDIANAPOLIS 46224	GP	134	BROWN, KENNETH, HOMER, 1654 HEDDEN PARK NEW ALBANY 47150	GP	078
BROOMES, EDWARD, LOUIS, 2402 BROADWAY EAST CHICAGO 46312	GP	174	BROWN, LELAND, G, 412 WHITE RIVER BLVD MUNCIE 47303	ORS	062
BROSHEARS, KENNETH, P, 129 E VINCENNES ST LINTON 47441	GP	102	BROWN, LEO, RALPH, 7863 BROADWAY STE 205 MERRILLVILLE 46410	GP	174
BROSIUS, ROBT, HENRY WM, 1603 WELLS ST FORT WAYNE 46808	GP	082	BROWN, MARCEL, SINCLAIR, ROUTE 1 HAINES CITY FL 33844	GP	214
BROWN, ARCHIE, EMMETT, 5575 GULF BLVD APT 220 ST PETERSBURG FL 33706	IM	134	BROWN, RAYMOND, LEE, 401 S E 6TH ST EVANSVILLE 47713	AN	296
BROWN, ARLIN, EDWARD, 4201 E 3RD ST BLOOMINGTON 47401	P	214	BROWN, RICHARD, J, 400 S BERKLEY RD STE C KOKOMO 46901	U	126
BROWN, DAVID, EDWARD, 1944 N CAPITOL ST INDIANAPOLIS 46202	OTO	134	BROWN, ROBT, MC DOWELL, 521 MARION NATL BK MARION 46952	GP	098
BROWN, DAVID, LEE, 1604 NORTH CAPITOL INDIANAPOLIS 46202	DR	134	BROWN, ROBT, RAYMOND, 221 S 6TH ST TERRE HAUTE 47801	U	298
BROWN, DE, WITT WILCOX, 1815 NORTH CAPITOL AVE NO 202 INDIANAPOLIS 46202	P	134	BROWN, RONALD, ROBT, 1200 CHESTER BLVD RICHMOND 47374	IM	314

BROWN, STEWART, DALE, 349 W 1ST ST ALBANY 47320	FP	062	BRYANT, EDWARD, GAREY, 2220 BROADWAY EAST CHICAGO 46312	GP	174
BROWN, THOS, CISEL, DEPARTMENT OF RADIOLOGY GOOD SAMARITAN HOSPITAL VINCENNES 47591	R	066	BUBB, MICHAEL, P, 3524 N MERIDIAN INDIANAPOLIS 46208	IM	134
BROWN, THOS, MARTIN, 212 N PAULINE AVE MUNCIE 47303	IM	062	BUCHHOLZ, JAMES, G, 2609 FAIRFIELD AVE FORT WAYNE 46807	ORS	082
BROWN, WENDELL, EDGAR, 5005 E 72ND ST INDIANAPOLIS 46250	PD	134	BUCHMAN, MARSHALL, HARDING, 1824 STATE ST NEW ALBANY 47150	GP	078
BROWNING, CHAS, A, 1400 CHESTER BLVD RICHMOND 47374	AN	314	BUCK, RICHARD, CRAIG, 51916 US 31 NORTH SOUTH BEND 46637	FP	258
BROWNING, WM, MADISON, R #5 BOX 83 NORTH VERNON 47265	OS	134	BUCK, RODGER, LEWIS, 9 CRANE AVE SPENCER 47460	GP	214
BROWNLEY, EMMA, J, 2840 N HIGH SCHOOL RD SPEEDWAY 46224	PD	134	BUCKEL, LARRY, JOS, 1500 ALBANY ST BEECH GROVE 46107	D	134
BRUBAKER, HAROLD, S, 1515 DEL WEB BLVD SUN CITY CENTER FL 33570	AN	130	BUCKINGHAM, RICHARD, E, BOX 415 BLOOMINGTON 47401	GP	214
BRUBAKER, THOS, ALBERT, 9124 CHESTNUT LANE MUNSTER 46321	IM	174	BUCKLES, DAVID, LUDY, ST JOHNS HOSP ANDERSON 46011	CLP	186
BRUBECK, ROBT, EUGENE, 1400 E COLUMBUS ST MARTINSVILLE 46151	GP	202	BUCKNER, GEO, DOSTER, 1003 FULTON ST FORT WAYNE 46802	GS	082
BRUCKER, PERRY, ALBERT, 102 THREE RIVERS E FORT WAYNE 46802	PS	082	BUDDRUS, DAVID, J, 1127 MYRTLE STREET ELKHART 46514	PA	070
BRUCKMAN, JOS, ALAN, 302 PROFESSIONAL ARTS BLDG 1919 STATE STREET NEW ALBANY 47150	U	078	BUECHLER, JAMES, RAYMOND, 1513 N 6 1/2 ST TERRE HAUTE 47804	FP	296
BRUECKMANN, F, ROBERT, 1815 N CAPITAL INDIANAPOLIS 46202	ORS	134	BUECHLER, WM, F, 1817 SOUTH A ST ELWOOD 46036	GP	186
BRUEGGE, THEODORE, JOS, 13674 110TH AVE SUN CITY AZ 85351	OM	126	BUECHNER, FREDERICK, W, 261 OLIVER THEATRE A SOUTH BEND 46601	GP	258
BRUEGGEMANN, WALTER, GEO, 2418 BEAM RD COLUMBUS 47201	OPH	014	BUEHL, FREDERICK, HELM, 520 SOUTH SEVENTH ST VINCENNES 47591	P	162
BRUNDICK, EDWARD, L, 611 HARRIET ST EVANSVILLE 47710	ORS	296	BUEHL, ISABELLE, ANN DAVIS, R R 3 BOX 229 GREENWOOD 46142	PTH	134
BRYAN, FRANKLIN, ABRAM, 2101 COLISEUM EAST FORT WAYNE 46805	OS	082	BUEHLER, GEO, MICHAEL, 914 SPRINGDALE DR JEFFERSONVILLE 47130	GP	034
BRYAN, STANTON, L, 607 HULMAN BLDG EVANSVILLE 47708	IM	296	BUEHNER, DONALD, CLEMENS, 3700 BELLEMEADE AVE EVANSVILLE 47715	FP	296

BUEHNER,DONALD,F, 3700 BELLEMEADE AVE EVANSVILLE 47715	FP	296	BURKET,CECIL,R, 424 W SOUTH ST BREMEN 46506	GP	190
BUELL,FORREST,RAYMOND, 314 LANKFORD ST CLAY CITY 47841	GP	038	BURKHARDT,BOYD,ALONZA, 120 WALNUT ST P O BOX 375 TIPTON 46072	ABS	290
BUESER,RUDSEN,MEDINA, 23 SPRINGLAKE AVE HINSDALE IL 60521	R	162	BURKLE,ROBERT,J, 2929 S 1ST ST TERRE HAUTE 47802	ORS	298
BUKATA,PEDRO, 110 RIDGE ROAD MUNSTER 46321	OBG	174	BURNETT,ARTHUR,BAKER, 801 MELODY LN NEW CASTLE 47362	OPH	122
BULLARD,HARLAN,R, 2600 GREENBUSH ST LAFAYETTE 47904	OPH	286	BURNIKEL,RAYMOND,H, 2709 WASHINGTON EVANSVILLE 47714	CRS	296
BULLERS,ROBT,CLINTON, 395 S HOME FRANKLIN 46131	GS	158	BURNS,ANTHONY,JOHN, 2810 ETHEL AVE MUNCIE 47304	AN	062
BULLINGTON,GEO,EDWIN, 1230 E KING FRANKLIN 46131	DR	158	BURNS,JOHN,T, 2323 SOUTH ST LAFAYETTE 47904	PD	286
BUNAG,HOMER,UY, 800 MAC ARTHUR BLVD WEST WING SUITE 31 MUNSTER 46321	OTO	174	BURNS,PAUL,EARLAND, 121 E HIGH ST MONTPELIER 47359	GP	062
BUNDY,VERNON, 700 SPRING ST NEW ALBANY 47150	GS	078	BURT,MICHAEL,ROBT, 7818 PROVIDENCE CIR INDIANAPOLIS 46250	PD	134
BUNKER,LADOSKA,ZEE, 201 N MILL ST NORTH MANCHESTER 46962	GP	302	BURTON,ROBT,L, 215 BROADWAY GARY 46402	OM	174
BUNTIN,PRESLEY,THOS, 725 FOREST BLVD ZIONSVILLE 46077	GS	134	BURWELL,STANLEY,WOODRUFF, 424 W JACKSON ST MUNCIE 47305	GS	062
BURCHAM,JAMES,BENJ, MADISON STATE HOSP MADISON 47250	GP	150	BUSH,CHAS,EDGAR, 1201 OAK ST FRANKFORT 46041	GP	042
BURDETTE,HAROLD,F, 6310 GLEN COE INDIANAPOLIS 46260	IM	134	BUSH,EDWARD,ROBT, 2101 JACKSON SUITE III ANDERSON 46014	GP	186
BURG,HOWARD,EDWIN, 421 CHESTNUT ST WELBORN CLINIC EVANSVILLE 47713	CD	296	BUSH,HARGIS,ROBT, 506 WASHINGTON ST CANNELTON 47520	GP	222
BURGER,THOS,C, 3700 BELLEMEADE AVE EVANSVILLE 47715	GS	296	BUSH,JACK,ARROWSMITH, 1001 LIFE BLDG LAFAYETTE 47901	AN	286
BURGHARD,ROLLA,DALE, 1500 N RITTER ST INDIANAPOLIS 46219	EM	134	BUSH,ROBT,WILLITS, BARTHOLOMEW COUNTY HOSPITAL COLUMBUS 47201	PTH	014
BURK,JAMES,MERRYMAN, 115 N 3D ST DECATUR 46733	GP	010	BUTLER,GEROLD,THOMAS, 5675 S EAST ST INDIANAPOLIS 46227	PD	134
			BUTLER,JOHN,OLIN, 4949 CARSON AVE INDIANAPOLIS 46227	IM	134

BUTLER,RICHARD,MARKLAND, 3001 WOODGATE WAY RICHMOND 47374	DR	314	CAHN,PETER,H, 50 E 91ST SUITE 202 INDIANAPOLIS 46260	OPH	134
BUTLER,ROBT,MAURICE, 3426 N MERIDIAN ST INDIANAPOLIS 46208	PD	134	CAIN,DAVID,ROBINSON, 1912 BUNDY AVE NEW CASTLE 47362	GP	122
BUTTERWORTH,JOS,CHAS, 3266 N MERIDIAN ST INDIANAPOLIS 46208	U	134	CAIN,JEFFREY,L, 1400 HUDSON ELKHART 46514	OBG	070
BUTTS,MILTON,A, 118 N WALNUT ST SOUTH BEND 46628	GP	256	CAJACOB,MELVILLE,EDWARD, 1000 S 6TH ST TERRE HAUTE 47807	GP	298
BUYER,RICHARD, 6111 HARRISON STREET MERRILLVILLE 46410	IM	174	CALDWELL,KENDALL,W, 1941 VIRGINIA AVE CONNERSVILLE 47331	R	074
BYLER,JOHN,J, 1002 LINCOLN WAY WEST SOUTH BEND 46616	GP	258	CALDWELL,MARILYN,R, 111 E 53D ST INDIANAPOLIS 46220	P	134
BYLLESBY,JOYCE,ELAINE, BOX 111 CRAWFORDSVILLE 47933	PTH	198	CALDWELL,MILTON,VICTOR, 6151 CLINTON RD TERRE HAUTE 47805	R	296
BYRN,JAMES,RICHARD, 806 WEST JACKSON ST MUNCIE 47305	PD	062	CALHOON,JOHN,PAUL, 1000 EAST MAIN ST DANVILLE 46122	R	118
BYRNE,DAVID,ALLEN, 727 W 1ST ST BLOOMINGTON 47401	D	214	CALISTO,RUBEN,A, U S 24 WEST LOGANSPORT 46947	GP	030
BYRNE,ROBT,JOS, 207 N MAIN ST BICKNELL 47512	GP	162	CALLAND,SABRA,K WETZLER, 8932 WICKHAM RD INDIANAPOLIS 46260	P	134
CABE,CLAUDIO,M, 431 FISHER PL APT D MUNSTER 46321	AN	174	CALLI,LOUIS,JAMES, 408 S STATE ST NORTH VERNON 47265	GP	140
CABIGAS,JOSE,SOVISO, 516 NATIONAL RD W RICHMOND 47374	GP	314	CALVERT,RAYMOND,RICE, R R 2 BOX 487 MONTICELLO 47960	OPH	286
CABRERA,JUAN,CABRERA, 801 ST MARYS DR NO 406 EVANSVILLE 47715	CHP	296	CAMACHO,ERNESTO,M, 242 WEST ADAMS P O BOX 160 CHANDLER 47610	GP	306
CABRERA,PELAYO,BONSON, 1304 W 124TH PL CROWN POINT 46307	PTH	174	CAMARATA,JAMES,CHAS, 1195 E CHARLES RD MARION 46952	DR	098
CACDAC,FE,JOSON, 2929 S 1ST ST TERRE HAUTE 47807	FP	296	CAMPAGNA,EDWARD,A, 3406 GUTHRIE ST EAST CHICAGO 46312	PH	174
CACDAC,MANUEL,ARCE, 2929 SOUTH FIRST ST TERRE HAUTE 47802	NS	296	CAMPBELL,FRANK, 1302 MADISON AVE ANDERSON 46011	GP	186
CAGLE,BOB,R, BOX 155 NEW PALESTINE 46163	GP	110	CAMPBELL,H,EDWIN, 8402 HARCOURT RD INDIANAPOLIS 46260	OBG	134
CAHN,HUGO,M, 6416 HOOVER RD APT D INDIANAPOLIS 46260	OS	134	CAMPBELL,PATRICK,B, 605 OAKLAND AVE ELKHART 46514	PD	070

CAMPBELL, RICHARD, WM, 3625 EAST 71ST INDIANAPOLIS 46220	CD	134	CARPENTER, JAMES, BEDFORD, 49 N 26TH ST LAFAYETTE 47904	GP	286
CAMPBELL, ROBT, L, I U MEDICAL CTR INDIANAPOLIS 46202	NS	134	CARPENTER, ROBT, SCHOFIELD, 2170 TECUMSEH PARK LANE WEST LAFAYETTE 47906	EM	286
CAMPBELL, WM, THOS, 615 W 1ST ST BLOOMINGTON 47401	AN	214	CARPENTIER, JAMES, ROBT, 900 I ST LA PORTE 46350	IM	178
CANNON, DANL, HUMPHREYS, 1201 E SPRING ST NEW ALBANY 47150	FP	078	CARR, JOE, HENDERSON, HENRYVILLE 47126	GP	034
CANNON, DAVID, R, 1220 MISSOURI AVE JEFFERSONVILLE 47130	R	034	CARREL, EDSON, DREW, 3133 WAYSIDE LANE ANDERSON 46011	ORS	186
CANTWELL, EDGAR, RICHARD, P O BOX 979 VINCENNES 47591	OPH	162	CARREL, FRANCIS, EDSON, 6705 KANATA FORT WAYNE 46805	EM	286
CAPELLG, WILLIAM, N, 1100 W MICHIGAN STREET INDIANAPOLIS 46202	ORS	134	CARROLL, BERTHA, ROSE, 4 JEWETT LANE SOUTH HADLEY MA 01075	OS	286
CAPLIN, IRVIN, 1815 N CAPITOL AVE INDIANAPOLIS 46202	A	134	CARROLL, JOHN, CLAYSON, 226 S 2D ST DECATUR 46733	GS	010
CAPUTI, SAVERIO, 535 TURTLE CREEK N DR SUITE C2 INDIANAPOLIS 46227	R	134	CARROLL, MARY, E DAVIS, 124 N MAIN ST CROWN POINT 46307	GP	174
CARAS, JOHN, ANTHONY, 5506 E 16TH #27 INDIANAPOLIS 46218	IM	134	CARTER, ARNOLD, LAWRENCE, 2605 W RIGGIN RD MUNCIE 47304	FP	062
CARBERRY, GEO, AUGUST, 6111 HARRISON ST MERRILLVILLE 46410	OBG	174	CARTER, CHAS, BENJ, 5470 EAST 16TH ST INDIANAPOLIS 46218	NEP	134
CAREY, JOHN, ALBERT, 2964 W 11TH ST GARY 46404	GP	174	CARTER, EUNICE, M MAIER, 585 SHERIDAN RD NOBLESVILLE 46060	PD	106
CARLBERG, DALE, LEVAN, 226 EAST MAPLE ST JEFFERSONVILLE 47130	GP	034	CARTER, F, R NICHOLAS, 124 S JACOB SOUTH BEND 46617	PH	258
CARLOS, CRISOSTOMO, J, 7895 BROADWAY MERRILLVILLE 46410	CDS	174	CARTER, JAMES, EDWARD, 1100 W MICHIGAN ST INDIANAPOLIS 46202	OBG	134
CARLSON, RALPH, FREDERICK, 611 HARRIET ST EVANSVILLE 47710	TS	296	CARTER, JEAN, VAL, 130 N MAIN ST TIPTON 46072	GP	290
CARMODY, RAYMOND, F, 5284 BROADWAY GARY 46408	OPH	174	CARTER, JOHN, OREN, 295 S WISCONSIN ST HOBART 46342	GP	174
CARPENTER, BENNIE, F, 123 N COURT ST CROWN POINT 46307	IM	174	CARTWRIGHT, GLEN, WILLARD, 2600 GREENBUSH LAFAYETTE 47902	PD	286
CARPENTER, DONALD, JACK, 600 SYCAMORE BLDG TERRE HAUTE 47807	OPH	298	CASEY, STANLEY, MC CLURE, 1465 N LAFONTAINE ST HUNTINGTON 46750	GP	130

CASSADY, J, VERNAL, 208 SHERLAND BLDG SOUTH BEND 46601	OPH	258	CHABENNE, BAHJAT, S, 1213 N ARLINGTON INDIANAPOLIS 46219	GS	134
CASSADY, JAMES, EDWIN, 3121 BIRCH CANYON DRIVE CARMEL 46032	IM	134	CHAEI, THOS, C, 7905 CALUMET AVE MUNSTER 46321		174
CASSADY, JOHN, RUE, 208 SHERLAND BLDG SOUTH BEND 46601	OPH	258	CHALLMAN, WM, BOWER, 715 1ST AVE STE 22 EVANSVILLE 47710	GP	296
CASSIM, RECHAD, M, P O BOX 2507 ELKHART 46514	PD	070	CHAMBERLAIN, DONALD, S, 919 E JEFFERSON STE 207 SOUTH BEND 46622	R	258
CAST, WILLIAM, RONALD, 4601 N WASHINGTON RD FORT WAYNE 46804	OTO	082	CHAMBERS, ALAN, R, 103 THREE RIVERS E FORT WAYNE 46802		082
CASTOR, CONRADO, P, 2167 GETTLER ST DYER 46311	CD	174	CHAMBERS, CAROL, RUDOLPH, CHAMBERS MED CLINIC INC UNION CITY 47390	FP	246
CASTRO, IGNACIO, B, 685 WANDA ST SCOTTSBURG 47170	GS	262	CHAMBERS, DONALD, CALVERT, 1301 S HARRISON ST FORT WAYNE 46802	OM	082
CASTUERAS, FLOR, TAYLAN, P O BOX 428 SALEM 47167	GP	310	CHAMBERS, LEROY, BAKER, CHAMBERS MED CLINIC UNION CITY 47390	GP	246
CATTELL, LEE, M, 555 FOREST BLVD INDIANAPOLIS 46240	ORS	134	CHAMBERS, RICHARD, KELLY, 5113 TORNHILL LANE ANDERSON 46011	IM	186
CAUDILL, RODNEY, C, P O BOX 427 YORKTOWN 47396	P	062	CHAMBLEE, ROLAND, W, 336 N NOTRE DAME ST SOUTH BEND 46617	GP	258
CAVINS, ALEXANDER, W, R R 25 BOX 172 TERRE HAUTE 47602	GYN	298	CHAN, MACARIO, ONG, 5206 NOTTINGHAM DR EVANSVILLE 47715	AN	296
CAVINS, JOHN, ALEXANDER, 6202 N SHERMAN DR INDIANAPOLIS 46220	HEM	134	CHANDLER, JAMES, DUNCAN, 125 BAUM ST AVILLA 46710	FP	206
CAYLOR, CHAS, H, 303 S MAIN ST BLUFFTON 46714	U	318	CHANDLER, LEON, HARVEY, 112 E LINCOLN AVE GOSHEN 46526	GS	070
CAYLOR, HAROLD, DELOS, 303 S MAIN ST BLUFFTON 46714	GS	318	CHANG, ILWOONG, ROSS CLINIC 6111 HARRISON ST MERRILLVILLE 46410	IM	174
CAYLOR, TRUMAN, E, 303 S MAIN ST BLUFFTON 46714	U	318	CHAPMAN, WM, EDWARD, 3266 N MERIDIAN ST INDIANAPOLIS 46208	U	134
CEBEDO, JAIME, J, 540 TYLER GARY 46402	R	174	CHAPPEL, ALFRED, TRUMAN, 901 N MAIN ST FRANKLIN 46131	GP	156
CEPESDES, CARLOS, ALBERTO, 101 N GRIFFITH BLVD GRIFFITH 46319	GS	174	CHASE, JAMES, ALLAN, 1635 BROADWAY FORT WAYNE 46804	OM	082
CHA, JIN, SUCK, 7905 CALUMET MUNSTER 46321	OBG	174	CHATTIN, HERBERT, ODELL, 729 MAIN ST VINCENNES 47591	GP	162

CHATTIN,ROBT,EARL, 102 WOOD LOOGOOTE 47553	GP	046	CHIVINGTON,PAUL,V, 1815 N CAPITOL AVE RM 414 INDIANAPOLIS 46202	D	134
CHATTIN,VANCE,JOHN, 514 E MAIN ST WASHINGTON 47501	GS	046	CHMIELEWSKI,STANLEY,ROBT, 2519 EAST MAIN ST RICHMOND 47374	OPH	314
CHATTIN,WM,R, 5430 E 21ST INDIANAPOLIS 46218	PD	134	CHO,HUN-KGO, 513 N MICHIGAN ST SOUTH BEND 46601	OBG	258
CHAU,ANDREW,YIU-SUEN, 1645 N 7TH ST TERRE HAUTE 47804	GS	298	CHO,SUK-IN, 9129 SOUTHWOOD DR MUNSTER 46321	IM	174
CHAVEZ,MAURO,EMIGDIO, 2840 N HIGH SCHOOL RD SPEEDWAY 46224	OBG	134	CHOI,STEPHEN,S, 402 S BERKLEY RD KOKOMO 46901	ORS	126
CHEEK,JACK,ALLAN, 401 S E SIXTH ST EVANSVILLE 47710	PD	296	CHONA,ALFRED, 1052 AZALEA DR MUNSTER 46321	GP	174
CHEN,JAMES,J, 7905 CALUMET MUNSTER 46321	ORS	174	CHOSLOVSKY,SYDNEY, METHODIST HOSP GARY 46402	R	174
CHEN,JAMES,Z W, 2634 JAY COURT INDIANAPOLIS 46229	TR	134	CHRISTIE,MARVIN,CRANE, 3340 F LORETTA INDIANAPOLIS 46227	GP	134
CHEN,KO,KUEI, 7975 HILLCREST RD INDIANAPOLIS 46240	PA	134	CHRONIAK,WALTER, 41 N SHORTRIDGE RD INDIANAPOLIS 46219	IM	134
CHEN,TZENG-CHIH, 421 CHESTNUT ST EVANSVILLE 47713	IM	296	CHU,JOHNSON,C S, LOGANSPOET STATE HOSP LOGANSPOET 46947	P	030
CHENG,SYLVIA,SIU-FAN, SOUTHEASTERN MED CTR WALTON 46994	P	030	CHUA,FARIDA,ISIP, 7895 BDWY MERRILLVILLE 46410		174
CHERMEL,IVAN,LEONARD, 7905 CALUMET AVE MUNSTER 46321	DR	174	CHUA,FELIPE,S, 7895 BROADWAY MERRILLVILLE 46410	CDS	174
CHERNISH,STANLEY,M, 4403 RADNOR RD INDIANAPOLIS 46206	OS	134	CHUA,GONZALO,TAN, 655 YOSEMITE DR INDIANAPOLIS 46217	R	134
CHEUNG,AMY,A, 6484 CHESTER AVE INDIANAPOLIS 46260	PD	134	CHUBE,DAVID,DEMARET, 1649 BROADWAY GARY 46407	GP	174
CHEVALIER,ROBT,BURRIS, 101 N 17TH ST ST FRANCIS HOS BEECH GROVE 46107	IM	134	CHUNG,DUCK,JAЕ, 9333 CALUMET AVE SUITE D MUNSTER 46321	OBG	174
CHIP,JEROLD,NORMAN, 7863 BROADWAY MERRILLVILLE 46410	CD	174	CHUNG,IL,SUNG, 4019 COLUMBUS AVE ANDERSON 46014	GP	186
CHIU,FANG,LUKE, 1507 NORTH MAIN ST FRANKLIN 46131	OBG	158	CHY-KOA,LETICIA,K, 110 RIDGE RD MUNSTER 46321	PD	174
CHIVAPRUK,CHARAT, 3707 W 108TH ST CROWN POINT 46307	AN	174	CLARK,CHAS,MALCOLM, 1481 WEST 10TH ST INDIANAPOLIS 46202	IM	134

CLARK, EDWARD, EDMUND, 3363 NORTH CENTRAL AVE INDIANAPOLIS 46205	GP	134	CLEMENTE, JOSE, PERALEJO, 4400 SOUTH B ST RICHMOND 47374	GP	314
CLARK, ERIC, DANL, 100 MEADOW DR DANVILLE 46122	GP	118	CLEVINGER, WM, GERALD, ST JOSEPH MEMORIAL HOSP 1907 W SYCAMORE ST KOKOMO 46901	PTH	126
CLARK, GEO, ALEXANDER, 50 E 91ST ST INDIANAPOLIS 46240	OPH	134	CLINE, CHAS, THEODORE, 2600 GREENBUSH ST LAFAYETTE 47904	GE	286
CLARK, JACK, PROW, 303 S HUNTINGTON ST SYRACUSE 46567	FP	070	CLINE, DONALD, LEE, 2020 WEST 86TH ST INDIANAPOLIS 46260	OBG	134
CLARK, LAWSON, J, 3736 N DELAWARE ST INDIANAPOLIS 46205	OBG	134	CLINE, KENNETH, LAMAR, BOX 57 WYATT 46595	GP	258
CLARK, ROBT, M, 2809 GOODMAN AVE MUNCIE 47304	OPH	062	CLOUSE, JOHN, FRANKLIN, BALL STATE UNIV HLTH SERVICE MUNCIE 47306	GP	062
CLARK, THOS, W, 421 CHESTNUT EVANSVILLE 47713	IM	296	CLUNIE, WM, ADAMS, 323 W PARK DR HUNTINGTON 46750	OPH	130
CLARK, WM, B, 435 SPRING ST JEFFERSONVILLE 47130	GP	034	CLUTTER, ROBT, EDWARD, 6505 E 82ND STREET INDIANAPOLIS 46250	FP	106
CLARK, WM, HEMENWAY, 520 SHERLAND BLDG SOUTH BEND 46601	OTO	258	COBB, CLARENCE, M, 3232 NORTH MERIDIAN ST INDIANAPOLIS 46208	PTH	134
CLARK, WM, RUSSELL, 3622 SOUTH CALHOUN ST FORT WAYNE 46807	GP	082	COBB, DONALD, PITT, 1401 SOUTH RIVER RD EVANSVILLE 47715	OBG	296
CLARK, WM, RUSSELL, 2828 FAIRFIELD AVE FORT WAYNE 46807	IM	082	COBLE, FRANK, HAROLD, 51 S 8TH ST RICHMOND 47374	OPH	314
CLARKSON, CLARENCE, G, 300 GREENBRIER DRIVE RICHMOND 47374	FP	314	COCHRAN, HARRY, ADAM, 706 NIGHTFALL RD FORT WAYNE 46819	OS	082
CLARO, JOS, JOHN, 2815 INDIANAPOLIS BLVD WHITING 46394	AM	174	COCKERILL, EDWARD, MEEKS, 8749 GREEN BRAES S DR INDIANAPOLIS 46234	R	134
CLASSEN, PETE, R C, 23919 U S 33 E ELKHART 46514	GP	070	COCKRELL, DALE, KETE, 8224 MADISON AVE INDIANAPOLIS 46227	GP	134
CLAY, ELEANOR, 3402 GROVE PL COLUMBUS 47201	IM	014	CODDENS, AVERY, L, STATE RD 55 FOWLER 47944	GP	018
CLAYTON, DAVID, LEE, 206 EAST BARTLETT ST SOUTH BEND 46601	GP	258	COFFEL, MELVIN, HOOKER, 214 BUNTIN ST SUITE 104 VINCENNES 47591	OPH	162
CLAYTON, ROBERT, THOMAS, 2020 W 86TH ST INDIANAPOLIS 46260	ORS	134	COFIELD, DONALD, DEAN, 811 WEST 2ND ST BLOOMINGTON 47401	OPH	214
CLEARY, ROBERT, E, 9048 YELLOWWOOD COURT INDIANAPOLIS 46260	OBG	134	COGGESHALL, WARREN, EVART, 3524 N MERIDIAN INDIANAPOLIS 46208	CD	134

COHEN, HYMAN, LEWIS, 204 LAKESIDE VALPARAISO 46383	N	230	CONLEY, JOHN, ELLIS, 620 W BERRY ST FORT WAYNE 46802	GP	082
COHEN, IRVING, 645 E MAIN ST PLAINFIELD 46168	FP	118	CONLEY, THOS, MARION, 2811 DELLWOOD DRIVE KOKOMO 46901	OBG	126
COHN, ALVIN, FRANK, 1338 WEST CURRY RD GREENWOOD 46142	AN	134	CONNELL, VACTOR, O, 114 N WASHING ST BOURBON 46504	GP	190
COLE, LARRY, GENE, 1003 EAST SMITH STREET YORKTOWN 47396	FP	062	CONNELLY, JERRY, HUBBARD, 4306 LAKE ST FORT WAYNE 46805	GP	082
COLEMAN, FLOYD, BUTLER, WATERLOO 46793	GP	058	CONNELLY, RICHARD, DONALD, 4310 LAKE AVE FORT WAYNE 46805	GP	082
COLEMAN, JOS, EDWIN, 801 ST MARYS DR SUITE 203 EVANSVILLE 47715	PD	296	CONNER, ROBT, ALLISON, 2828 FAIRFIELD AVE FORT WAYNE 46807	R	082
COLLINS, HUBERT, LOWELL, 6745 E 10TH ST INDIANAPOLIS 46219	GP	134	CONNERLEY, MARION, L, 107 S 7TH ST TERRE HAUTE 47801	GS	298
COLLINS, JACK, TEMPEST, 303 S MAIN ST BLUFFTON 46714	CD	318	CONNERLY, PATRICK, WM, 604 EAST 11TH ST RUSHVILLE 46173	FP	254
COLLINS, ROBT, CARL, 3440 N MERIDIAN INDIANAPOLIS 46208	GP	134	CONRAD, EVERETT, LEROY, 1207 E NATIONAL AVE BRAZIL 47834	GP	038
COLVIN, ROBT, CLYDE, 333 STATE ST NEWBURGH 47630	GP	306	CONRAD, HENRY, WEBB, 370 BIELBY RD LAWRENCEBURG 47025	FP	050
COMBS, DANL, JOHN, 400 SOUTH 6TH ST VINCENNES 47591	IM	162	CONROY, MICHAEL, DENNISON, 3123 MISHAWAKA AVE SOUTH BEND 46615	FP	258
COMBS, HERMAN, TOW, 807 W INDIANA ST EVANSVILLE 47710	GP	296	CONSTAN, EVAN, BOX 473 WESTVILLE 46391	P	178
COMBS, JOHN, HAROLD, R R 3 BLOOMFIELD 47424	AN	296	CONWAY, GLENN, 2235 S GARFIELD DRIVE INDIANAPOLIS 46203		134
COMEAU, WM, JOS, 918 HAWTHORNE RD MARION 46952	R	098	CONWAY, LOUIS, WM, 2600 GREENBUSH ST LAFAYETTE 47904	NS	286
COMPTON, GEO, LEONARD, 219 N INDEPENDENCE ST TIPTON 46072	GP	290	CONWAY, THOS, J, 221 S 6TH ST TERRE HAUTE 47807	PD	298
COMPTON, WALTER, AMES, 2225 GREENLEAF BLVD ELKHART 46514	OS	070	COOK, DEAN, L, 919 EAST JEFFERSON SOUTH BEND 46622	R	258
CONKLIN, JAMES, OLIVER, 502 TRIBUNE BLDG TERRE HAUTE 47801	GS	298	COOK, GORDON, C, 1620 SOUTHWOOD AVE SOUTH BEND 46615	OBG	258
CONKLIN, RAYMOND, LE ROY, 215 SWANSON CIRCLE W SOUTH BEND 46615	OM	070	COOK, IAN, HARPER, 4112 ARLINGTON AVE FORT WAYNE 46807	GS	082

COOK, MELVIN, DUANE, 1919 STATE ST 202 NEW ALBANY 47150	GS	078	COPELAND, JOS, CONRAD, 1431 NORTH MADISON SUITE D ANDERSON 46012	IM	186
COOK, RICHARD, WOEN, 535 N 35TH AVE GARY 46408	FP	174	COPHER, DAVID, E, 3265 N MERIDIAN APT 404 INDIANAPOLIS 46208	OBG	134
COOK, ROBT, GIBSON, 303 S MAIN ST BLUFFTON 46714	OTO	318	CORCORAN, PATRICK, J V, P O BOX 3287 EVANSVILLE 47701	IM	296
COOK, THOMAS, LYNN, 25 JOHNSON PLACE EVANSVILLE 47714	DR	296	CORDANO, ANGEL, 2404 PENNSYLVANIA EVANSVILLE 47721	NTR	296
COOKE, JOHN, VINCENT, 2121 SOUTH 23RD STREET RICHMOND 47374	R	314	CORMICAN, HERBERT, LEROY, 1400 HUDSON ST ELKHART 46514	OBG	070
COOKSON, LAWRENCE, UPJOHN, 360 W 62ND ST INDIANAPOLIS 46240	R	134	CORNACCHIONE, MATTHEW, 741 CARROLLTON CT INDIANAPOLIS 46220	GP	134
COOLEY, PAUL, PHILLIP, 2200 W MC GALLIARD MUNCIE 47304	GP	062	CORTESE, JAMES, V, 3901 S EAST ST INDIANAPOLIS 46227	GP	134
COONEY, CHAS, JOHN, 527 W BERRY ST FORT WAYNE 46802	U	082	CORTESE, THOS, A, 5411 E 56TH ST INDIANAPOLIS 46226	D	134
COONS, FREDERICK, WM, 2115 EAST 3RD ST BLOOMINGTON 47401	P	214	CORTESE, THOS, ANTHONY, 3901 S EAST ST INDIANAPOLIS 46227	GS	134
COONS, RITCHIE, 404 WEST CAMP LEBANON 46052	GP	022	COSIO, JULIO, ELIO, 1206 SPRING ST JEFFERSONVILLE 47130	GP	034
COOPER, B, TRENT, 155 8TH ST ROANOKE 46783	FP	082	COSTELLO, ALBERT, J, 110 RIDGE RD MUNSTER 46321	OBG	174
COOPER, DANL, F, 1815 N CAPITOL AVE INDIANAPOLIS 46202	NS	134	COSTIN, ROBT, LEE, 301 EAST 38TH ST INDIANAPOLIS 46205	PTH	134
COOPER, JOHN, FREDRICK, 3022 S MADISON MUNCIE 47302	GP	062	COTTER, EDWARD, RICHARD, 2415 169TH ST HAMMOND 46323	GS	174
COOPER, JOHN, IRWIN, 124 WEST 3RD ST MADISON 47250	D	150	COTTOM, DAVID, LEE, 801 ST MARYS DRIVE SUITE 501 NEPHROLOGY ASSOCIATES EVANSVILLE 47715	IM	296
COOPER, LEO, KENNETH, 1112-35TH GRIFFITH 46319	OS	174	COTTRELL, ROBT, FRANKLIN, 5800 FAIRFIELD AVE FORT WAYNE 46807	AN	082
COOPER, WALLER, WALLACE, P O BOX 887 EVANSVILLE 47701	AN	296	COUGHENOUR, J, ROBT, 534 TURTLE CREEK DR N INDIANAPOLIS 46227	GP	134
COOPER, WM, EARL, 2760 25TH STREET COLUMBUS 47201	OTO	014	COULON, THOS, FRANCIS, R R 6-15 FINLANDIA PL MUNCIE 47302	GS	062
OPE, STANTON, ELIJAH, 1022 N JEFFERSON ST HUNTINGTON 46750	AN	130	COULTER, MERLIN, KENNETH, 2300 GILBERT MUNCIE 47303	FP	062

COUNTRYMAN, FRANK, W, 1815 N CAPITOL AVE INDIANAPOLIS 46202	P	134	CRAMER, SAML, KEITH, 1303 N ARLINGTON INDIANAPOLIS 46219	IM	134
COURSEY, JAMES, O, P O BOX 479 PLYMOUTH 46563	GP	190	CRANE, DAVID, GOODRICH, 650 NORTH GIRLS SCHOOL ROAD INDIANAPOLIS 46224	P	214
COVALT, WENDELL, EARL, 2724 W NORTH ST MUNCIE 47303	GS	062	CRATES, GORDON, COLVIN, DENVER MED CLINIC BOX 188 DENVER 46926	GP	194
COVELL, HARRY, MENLO, 127 W 7TH ST AUBURN 46706	GP	058	CRAVENS, FREDERICK, A, 7654 HOLLIDAY DR WEST INDIANAPOLIS 46260	OBG	134
COVEY, THOS, JAMES, RR 11 BOX 444B VALPARAISO 46383	PD	230	CRAVENS, ROBERT, E, 8402 HARCOURT RD SUITE 809 INDIANAPOLIS 46260	ORS	134
COVINGTON, CONSTANCE, JOAN, 1101 GLENDALE VALPARAISO 46383	GP	230	CRAWFORD, JAMES, HARVEY, 611 HARRIET ST-STE 402 EVANSVILLE 47710	GP	296
COWAN, JOHN, THOS, 3124 EAST BLVD FORT WAYNE 46805	OBG	082	CRAWFORD, JOHN, A, 8402 HARCOURT RD APT 805 INDIANAPOLIS 46260	ORS	134
COX, ALFRED, CHARLES, 51916 US 31 N SOUTH BEND 46637	GP	258	CRAWFORD, JOHN, N, 2200 LAKE AVE FORT WAYNE 46815	R	082
COX, LARRY, LA VON, 5900 BOOKER RD EVANSVILLE 47712	EM	296	CRAWFORD, THEODORE, R, 201F BLUFFS CIRCLE NOBLESVILLE 46060	EM	126
COX, LEON, THOMPSON, 1210 E MAIN ST RICHMOND 47374	GP	314	CREASSER, CHAS, WM, 604 NORTH MICHIGAN ST SOUTH BEND 46601	AN	258
COYNER, ALFRED, BRUCE, R D 1 CLARKS HILL 47930	GP	286	CREBO, ALAN, R, 3433 SOUTH LA FOUNTAIN KOKOMO 46901	OPH	126
CRABBE-FORBES, VIOLET, M, WOLCOTT 47995	GP	322	CREED, GARY, ST CLAIR, 7513 SOUTHEASTERN AVENUE INDIANAPOLIS 46239	GP	134
CRAFT, KENNETH, L, 2245 S SHERIDAN INDIANAPOLIS 46203	A	134	CREEK, JEAN, A, 419 WEST 1ST STREET BLOOMINGTON 47401	IM	214
CRAIG, ALEXANDER, F, 625 LAUREL AVE ZIONSVILLE 46077	AN	134	CRISE, JOHN, ROBT, 2674 PORTAGE MALL PORTAGE 46368	GP	230
CRAIG, HARRY, LEROY, LELAND HEIGHTS HUNTINGBURG 47542	GP	066	CRIST, JOHN, R, 745 E 2ND ST MOUNT VERNON 47620	GP	234
CRAIG, REUBEN, ALLEN, 514 W SUPERIOR ST KOKOMO 46901	PD	126	CRISTEE, JAMES, WARREN, 400 8TH AVE TERRE HAUTE 47804	IM	296
CRAIG, RICHARD, MORTON, 2828 FAIRFIELD AVE FORT WAYNE 46807	R	082	CROCKETT, WAYNE, ALBERT, 1024 S 6TH ST TERRE HAUTE 47807	IM	298
CRAIG, ROBT, ALEXANDER, BOX 607 SYRACUSE 46567	GP	070	CROFT, WM, VAN, 205 PROF ARTS BLDG 1919 STATE ST NEW ALBANY 47150	FP	078

CRON,WM,JAMES, 725 WEST 1ST STREET BLOOMINGTON 47401	D	214	CUNNINGHAM,ROBT,DANA, 500 WABASH AVE MARION 46952	IM	098
CRONIN,H,JOS, 7843 WINDCOMBE BLVD INDIANAPOLIS 46240	R	134	CURE,ELMER,T, 801 ASHLAND AVE MUNCIE 47305	P	062
CROSBY,REID,CLIPP, 2900 W 16TH ST BEDFORD 47421	OBG	182	CURETON,EDWARD,ERVINE, 217 EAST 1ST ST BLOOMINGTON 47401	P	214
CROSS,DAVID,GEO, ST VINCENT HOSP INDIANAPOLIS 46208	EM	134	CURRIE,ROBT,WM, 7106 BOHNKE DRIVE FORT WAYNE 46605	DR	082
CROSS,RICHARD,WESLEY, 2251 DUBOIS DR WARSAW 46580	OBG	166	CURRY,R,LOUIS, 5707 E 38TH ST INDIANAPOLIS 46218	GP	134
CROSSIN,JAMES,ALOYSIUS, 1815 N CAPITAL INDIANAPOLIS 46202	GS	134	CUSICK,JAMES,ALAN, 11119 ST ANDREWS LANE CARMEL 46032	AN	134
CROWDER,JAMES,H, 112 N SECTION ST SULLIVAN 47882	GP	282	CUSTODIO,CAMIA,ACEVEDO, 12501 S MOODY AVE PALOS HEIGHTS IL 60463	AN	174
CRUDDEN,CHAS,H, 6600 WASHINGTON AVE EVANSVILLE 47715	P	296	CUTHERBERT,MARVIN,P, 3266 NORTH MERIDIAN ST INDIANAPOLIS 46208	OPH	134
CUFF,STEVE,COLLEY, 700 W BERRY FORT WAYNE 46802	R	082	CZENKUSCH,HELEN,E GEYER, 2840 N HIGH SCHOOL RD SPEEDWAY 46224	PD	134
CULBERTSON,CLYDE,G, R R 5 BOX 72 NASHVILLE 47448	PTH	134	DACQUISTO,MICHAEL,P, 424 S BUFFALO ST WARSAW 46580	IM	166
CULBERTSON,KENNETH,LEE, 211 NORTH EDDY ST SOUTH BEND 46617	PD	258	DAFTARY,ALI,AKBAR, R R 2 BOX 500G 16 WESTBROOK ACRE BATESVILLE 47006	IM	250
CULLISON,JOHN,L, BALL MEMORIAL HOSP MUNCIE 47303	IM	062	DAFTARY,MOSTAFA, 333 EAST FIRST ST GREENSBURG 47240	GS	054
CULLNANE,CHRIS,WALTER, 2312 W FRANKLIN ST EVANSVILLE 47712	GS	296	DAGGY,JAMES,R, 47 S 24TH ST RICHMOND 47374	FP	314
CULP,JOHN,EWART, 2902 FAIRFIELD AVE FORT WAYNE 46807	DIA	082	DAHLING,FRED,WALDEMAR, DAHLING BLDG NEW HAVEN 46774	GP	082
CUMMING,JAMES,ROOD, 8801 NORTH MERIDIAN ST NO 308 INDIANAPOLIS 46260	PD	134	DAINKO,ALFRED,JOS, 915 W CHICAGO AVE EAST CHICAGO 46312	GS	174
CUMMINS,DOUGLAS,F, R R 1 BRIARPATCH RD BARGERSVILLE 46106	AN	134	DALEY,EDWARD,HENRY, 509 W HUNTERS DR APT B CARMEL 46032	AN	134
CUMMINS,LARRY,EDWARD, 1812 FT WAYNE NATL BANK BLDG FORT WAYNE 46802	CHP	082	DALLAS,FRED,R, 1640 N RITTER ST INDIANAPOLIS 46218	U	134
CUNNINGHAM,CAROLYN,ANN, WISHARD MEMORIAL HOSP 1001 W 10TH ST INDIANAPOLIS 46202	IM	134	DALTON,NAOMI,LUCILLA, 2307 E 2ND ST APT 10 BLOOMINGTON 47401	OS	214

DALTON,WILSON,L, 10 NORTHRIDGE PK P O BOX 70 SHELBYVILLE 46176	GP	266	DAUGHERTY,FOREST,DALE, 2600 SANDCREST BLVD COLUMBUS 47201	FP	014
DALTON,WM,WARREN, P O BOX 618 INDIANAPOLIS 46206	OM	134	DAUGHERTY,FRED,NEWTON, 120 W PIKE ST CRAWFORDSVILLE 47933	GP	196
DALY,JOS,M, 5969 SINGLETON ST INDIANAPOLIS 46227	PD	134	DAUGHERTY,H,SAYLER, 102 MEDICAL CENTER BLDG FORT WAYNE 46802	OTO	082
DALY,WALTER,JOS, INDIANA UNIV MED CTR INDIANAPOLIS 46202	IM	134	DAUGHERTY,WM,LOUIS, BOX 275 HUTSONVILLE IL 62433	GP	282
DANCEL,MANUEL,TOMAS, 675 N GARDNER ST SCOTTSBURG 47170	GP	262	DAUS,MILTON,J, 720 GREENMEADOW DR ANDERSON 46011	GP	186
DANIEL,GERALD,OWEN, P O BOX 2413 ANDERSON 46011	R	186	DAUSCHER,DEAN,DONALD, 5717 S ANTHONY BLVD FORT WAYNE 46806	FP	082
DANIEL,JOHN,CARLTON, 531B VIA ESTRADA LAGUNA HILLS CA 92653	OS	134	DAVID,DELFIN,PARAS, 4606 STRATFORD DR KOKOMO 46901	EM	126
DANIEL,ROBT,ALBERT, 427 S LAKE ST GARY 46403	PD	174	DAVIDSON,CHAS,O'DELL, 2200 GRANT ST GARY 46404	OBG	174
DANNACHER,WM,DENNIS, 400 ASH ST WABASH 46992	ABS	302	DAVIDSON,DALE,A, 25 E 40TH STT NO 7 G INDIANAPOLIS 46205	PS	134
DARBRO,DAVID,ANTHONY, 2124 E HANNA INDIANAPOLIS 46227	FP	134	DAVIDSON,HAROLD,HALL, 421 CHESTNUT ST EVANSVILLE 47713	OBG	296
DARLING,DOROTHY,RUTH, 2403 WEST 63RD ST MERRILLVILLE 46410	AN	174	DAVIS,BENNIE,LEON, 2615 N CAPITOL AVE INDIANAPOLIS 46208	U	134
DARNELL,JEFFREY,CHAS, 3829 E 126TH ST CARMEL 46032	IM	134	DAVIS,CARL,MARLOW, R R 13 VALPARAISO 46383	GP	230
DARROCA,WM,CELIS, RICHMOND STATE HOSP RICHMOND 47374	P	314	DAVIS,CLAUDE,E, 402 B NORTH WAYNE STREET ANGOLA 46703	GS	278
DAS,AMAL,KUMAR, 401 E REYNOLDS DR KOKOMO 46901	GP	126	DAVIS,EDWARD,ANDREW, 3014 ARDMORE TRAIL SOUTH BEND 46628	FP	258
DASCOLI,THOMAS,C, 8910 SOURWOOD COURT INDIANAPOLIS 46260	FP	134	DAVIS,EVERETT,J, 4700 LUKE CT INDIANAPOLIS 46227	R	134
DASHIELL,JAMES,RALPH, 6175 CRITTENDEN AVENUE INDIANAPOLIS 46220	ORS	134	DAVIS,GRAYSON,B, 2500 FERRY ST STE 150 LAFAYETTE 47904	GP	286
DATZMAN,BASIL,JOS, 103 W 18TH ST LA PORTE 46350	GP	178	DAVIS,HOWARD,B, 2600 GREENBUSH ST LAFAYETTE 47902	U	286
DATZMAN,RICHARD,C, 2200 LAKE AVE SUITE 150 FORT WAYNE 46805	DR	062	DAVIS,JOHN,ALEXANDER, FLAT ROCK 47234	GP	266

DAVIS, JOS, BENJ, 131 N WASHINGTON ST MARION 46952	GS	098	DE MELO, LUIZ, PEREIRA, 5490 BROADWAY MERRILLVILLE 46410	ORS	174
DAVIS, KENNETH, DEYLEN, 801 ST MARYS DR EVANSVILLE 47715	ORS	296	DE MOTTE, CAMILIUS, B, BOX 44 GREENWOOD 46142	OS	134
DAVIS, MARGARET, MELVINA, 2603 W 42ND ST INDIANAPOLIS 46208	AN	134	DE NAUT, JAMES, F, 4 N HEATON ST KNOX 46534	GP	274
DAVIS, MARVIN, ROBBINS, 908 WASHINGTON ST COLUMBUS 47201	GP	014	DE PALMA, BRUNO, DEARBORN COUNTY HOSPITAL LAWRENCEBURG 47025	R	050
DAVIS, SAM, J, 115 N PENNSYLVANIA ST RM 1252 INDIANAPOLIS 46204	ORS	134	DE PORTER, LOUIS, ALPHONSE, 7905 CALUMET AVE MUNSTER 46321	GP	174
DAVIS, THOS, WM, P O BOX 270 WASHINGTON 47501	FP	046	DE ROSA, GUY, PAUL, 29 RIDGEWAY BROWNSBURG 46112	ORS	134
DAWKINS, PHILLIP, ROSS, 507 WEST 7TH ST JASPER 47546	IM	066	DE WESTER, GERALD, MAYSON, GREENWOOD MEDICAL GROUP 100 N MADISON AVE GREENWOOD 46142	FP	134
DAY, WM, DURBIN CHAS, 410 S CHESTNUT SEYMOUR 47274	GP	138	DEACON, WALTER, E, 5037 GUION RD INDIANAPOLIS 46254	PH	134
DAYSON, LOUIE, OTTO, 218 SECURITY BANK BLDG VINCENNES 47591	IM	162	DEAL, ELEANOR, H B, 4917 W 15TH ST SPEEDWAY 46224	GP	134
DE ARMOND, ALBERT, M, 1815 N CAPITOL AVE INDIANAPOLIS 46202	P	134	DEAL, MICHAEL, J, 739 MT RAINIER INDIANAPOLIS 46217	P	134
DE BOIS, ELON, 2200 GRANT ST GARY 46404	GP	174	DEAN, DONALD, IRVIN, 4TH AND MAIN RUSHVILLE 46173	OPH	254
DE BROTA, JOHN, 3266 N MERIDIAN INDIANAPOLIS 46208	AN	134	DEAN, FREDERICK, KENNETH, 919 E JEFFERSON BLVD SOUTH BEND 46622	R	258
DE FRIES, JOHN, J, P O BOX 26 NEW PARIS 46553	GP	070	DEANOVIC, FRANK, WM, 1400 CHESTER BLVD RICHMOND 47374	D	314
DE GRAZIA, EUGENE, JOS, 410 WASHINGTON VALPARAISO 46383	GS	230	DEARMIN, ROBT, MASON, 6616 SPRING MILL RD INDIANAPOLIS 46260	OTO	134
DE JESUS, JOSE, R, 120 W WASHINGTON PLYMOUTH 46563	CD	190	DECATUR, DAVID, RICHARD, 1303 N ARLINGTON AVE INDIANAPOLIS 46219	GP	134
DE LA COTERA, FEDERICO, G, 7905 CALUMET AVE MUNSTER 46321	GP	174	DECKER, JEFFRY, R, 3010 EAST STATE BLVD FORT WAYNE 46805	D	082
DE LA PAZ, OSCAR, GUEVARA, 500 W LINCOLN HWY MERRILLVILLE 46410	U	174	DEEN, CHRISTOPHER, 6111 HARRISON MERRILLVILLE 46410	OPH	174
DE LEON, EDILBERTO, S, 29 EAST MAIN ST PERU 46970	AN	194	DEERY, MICHAEL, FRANCIS, 921 LAKE SHORE DR CULVER 46511	GP	190

DEEVER,JOHN,WILKIN, 4131 SHELBY ST INDIANAPOLIS 46227	OBG	134	DEPPE,CHAS,FREDERICK, 301 E JEFFERSON ST FRANKLIN 46131	GP	158
DEHNER,JOHN,ROSS, 212 SOUTH 22ND ST RICHMOND 47374	TR	314	DERHAMMER,GEO,LEWIS, R R 5 BOX 343 MONTICELLO 47960	GP	286
DEITCH,ROBT,DAVID, 1500 ALBANY ST SUITE 801 BEECH GROVE 46107	OPH	134	DERSCH,DAVID,MATHEWS, 2501 W JACKSON MUNCIE 47303	OBG	062
DEITSCH,HOWARD,C, 1020 N J ST RICHMOND 47374	GP	314	DESCHAMPS,DOMENICO,JOSE, 4655 BROADWAY GARY 46409	P	174
DEL ROSARIO,PEDRO,G, 121 W 8TH ST ROCHESTER 46975	GP	090	DESTER,HERBERT,EDGAR, 424 W COMPROMISE ST BERNE 46711	GP	010
DELUMPA,RUSTICA,Y CARLOS, 802 LA PORTE VALPARAISO 46383	PD	230	DETTLOFF,FREDERICK,R, 407 MELROSE AVE GREENCASTLE 46135	GP	242
DELUMPA,VINCENTE,PALMA, 802 LA PORTE AVE VALPARAISO 46383	U	230	DETTMER,ROBT,WAYNE, 5105 WORTHMAN COURT FORT WAYNE 46807	NEP	082
DENHAM,ROBERT,H, 109 S ST LOUIS BLVD SOUTH BEND 46617	ORS	258	DEUPREE,WM,DWIGHT, 23 W HENDRICKS ST SHELBYVILLE 46176	PD	266
DENNISON,KUMPOL, 1000 E 80TH NO 525 MERRILLVILLE 46410	GS	174	DEUR,JULIUS,JAY, 1011 COLUMBIA ST LAFAYETTE 47901	IM	286
DENNY,DAVID,M, 3326 MELBOURNE ROAD S DR INDIANAPOLIS 46208	OPH	134	DEVETSKI,ROBT,LLOYD, AMER NAT'L BANK BLDG STE 1812 SOUTH BEND 46601	IM	258
DENNY,FORREST,L, 3351 W 10TH ST INDIANAPOLIS 46222	FP	134	DEW,DANL,CHING-YEE, ELKHART CLINIC ELKHART 46514	GS	070
DENNY,JAMES,WESLEY, 25 N RITTER AVE INDIANAPOLIS 46219	GP	134	DHANA,SRIKIETR, 6111 HARRISON MERRILLVILLE 46410	PDC	174
DENNY,MELVIN,HARVEY, 1207 VAN BUSKIRK RD ANDERSON 46011	AN	186	DI ROBBIO,CARL,C, 601 ST MARYS DRIVE EVANSVILLE 47710	ORS	296
DENTON,LARKIN,D, 128 S HOWARD ST GREENTOWN 46936	EM	126	DIAMOND,HOWARD,MICHAEL, 7905 CALUMET AVE MUNSTER 46321	U	174
DENZER,EDWARD,K, 540 SCENIC DRIVE EVANSVILLE 47715	GP	296	DIAN,AUGUST,JOS, 1517 STOGDILL ROAD BLUFFTON 46714	P	178
DENZER,WM,OLIVER, 2329 CHANDLER EVANSVILLE 47714	GP	296	DIAN,DONALD,AUGUST, 303 SOUTH MAIN ST BLUFFTON 46714	P	318
DEOGRACIAS,FRANCISCO,D, EDINBURG MED CLINIC EDINBURG 46124	GS	158	DICK,WM,HENRY, 2020 W 86TH ST STE 307 INDIANAPOLIS 46260	IM	134
DEOGRACIAS,MONICA,D, 813 BOULDER RD INDIANAPOLIS 46217	AN	134	DICKERSON,W,MARTIN, 1114 O'CONNOR BLVD MONTICELLO 47960	EM	322

DICKS,ROBT,EVAN, 8242 S MADISON AVENUE INDIANAPOLIS 46227	FP	134	DITTMER,THOS,LYLE, 60 JEFFERSON ST VALPARAISO 46383	GS	230
DICKSON,CAROLYN,H LUCAS, 501 N WEST ST INDIANAPOLIS 46202	GP	134	DIVCIC,BORIVOJ,SRETEN, 701 WALL ST VALPARAISO 46383	P	174
DICKSON,DALE,DONALD, R R 6 BOX 16 GREENSBURG 47240	GP	054	DIXON,REX,WM, 1931 BROWN ANDERSON 46014	A	186
DIECKMAN,HERBERT,S, 3700 BELLMEADE EVANSVILLE 47715	A	296	DIXON,WILLIAM,L, 14 S THIRD ST VINCENNES 47591	GS	162
DIEHL,EARL,H, 303 SOUTH MAIN ST BLUFFTON 46714	GE	316	DIZON,BELEN,RODRIGUEZ, 9138 MARIGOLD LN MUNSTER 46321	AN	174
DIETZ,DAVID,JACKSON, 2810 ETHEL MUNCIE 47304	FP	062	DIZON,GUALBERTO,REYES, 800 MAC ARTHUR BLVD MUNSTER 46321	GP	174
DILL,CHAS,WM, ST FRANCIS HOSPITAL BEECH GROVE 46107	GP	134	DIZON,MIGUEL,B, ST VINCENT HOSPITAL 2001 WEST 86TH ST INDIANAPOLIS 46260	NM	134
DILL,MYRON,K, 3120 N MERIDIAN ST INDIANAPOLIS 46208	1M	134	DIZON,RUSTICO,HIPOLITO, DEARBORN CO HOSP LAWRENCEBURG 47025	AN	050
DILLMAN,CARL,EDWARD, BEAVER AND OAK STS CORYDON 47112	GP	114	DOAN,JOHN,ELDRIDGE, 222 S 2D ST DECATUR 46733	GP	010
DILLON,GARY,P, DUEMLING CLINIC 2828 FAIRFIELD AVE FORT WAYNE 46807	D	082	DODD,ROBERTS,K, 2042 LINCOLN AVE EVANSVILLE 47714	GS	296
DILTS,ROBT,LOUIS, 9041 BRIARCLIFT ROAD INDIANAPOLIS 46256	GP	134	DODD,ROBT,DARR, 2311 MIAMI ST SOUTH BEND 46614	GP	258
DIMAILIG,GREGORIO,H, 1802 COLUMBUS EAST CHICAGO 46312	GP	174	DODDS,WEMPLE, 414 EAST PIKE ST CRAWFORDSVILLE 47933	R	198
DIMITROFF,LAMBRO, 500 RIVER OAKS DR CALUMET CITY IL 60409	GP	174	DOERMANN,PAUL,E, 1751 N JEFFERSON ST HUNTINGTON 46750	GS	130
DINGLE,PAUL,ELLSWORTH, 127 MED ARTS BLDG RICHMOND 47374	OBS	314	DOHERTY,RAYMOND,JAMES, 47 W 68TH PL MERRILLVILLE 46410	GP	174
DINGLEY,ALBERT,F, 109 S ST LOUIS AVE SOUTH BEND 46617	ORS	258	DOLAN,PATRICK,ANTHONY, 9038 CHESTNUT CT INDIANAPOLIS 46260	R	134
DININGER,WM,STRAUGHN, 303 S MAIN ST WINCHESTER 47394	GP	246	DOLES,TED,SCOTT, 613 N 10TH ST MIDDLETOWN 47356	GP	186
DINO,FLORIAN,SOTTO, DUNN MEM DOCTORS PARK BEDFORD 47421	GS	182	DOLEZAL,BERNARD,J, 425 WEST NORTH SHORE DR SOUTH BEND 46616	GP	258
DITTMER,JACK,EDWARD, 60 JEFFERSON ST VALPARAISO 46383	GP	230	DOMINGO,RICARDO,C, DOMINGO BLDG GREENSBURG 47240	GP	054

DONAHUE,GEO,RICHARD, 250 SOUTH OCEON BLVD 7C BOCA RATON FL 33432	GP	286	DOWD,JOS,A, 525 W HAMPTON INDIANAPOLIS 46208	IM	134
DONALDSON,FRANK,COOMBS, 2009 BROWN ST ANDERSON 46014	OBG	186	DOWELL,ANTHONY,REED, 420 WASHINGTON ST MUNCIE 47305	PUD	062
DONALDSON,MILES,WARREN, 706 RIVER DR MARION 46952	GP	098	DOWNER,LUTHER,H, P O BOX 952 EVANSVILLE 47706	GP	296
DONATO,ALBERT,MARIO, 2860 CHURCHMAN AVE INDIANAPOLIS 46203	FP	134	DOWNES,KENNETH,R, 598 COVENTRY WAY NORTH HARBOUR NOBLESVILLE 46060	OM	134
DONEFF,RONALD,HAROLD, 5490 BROADWAY PLAZA MERRILLVILLE 46410	D	174	DRAGOMER,ANDREI,S, 1230 FRAN LIN PKWY MUNSTER 46321	DR	174
DONESA,ANTONIO,BRAGANZA, 3030 LAKE AVE FORT WAYNE 46805	NS	082	DRAGOO,JOHN,ROBT, WABASH CLINIC WABASH 46992	GP	302
DONNALLY,GEO,ALLEN, R R 1 GENEVA 46740	GP	146	DRAKE,DALE,WILFRED, ST MARYS HOSPITAL EVANSVILLE 47715	AN	296
DONOHUE,JOHN,PATRICK, 1100 W MICHIGAN ST INDIANAPOLIS 46202	U	134	DRAKE,ELLERY,THEODORE, 1995 SUNRISE ST MARTINSVILLE 46151	PM	202
DONOVAN,THOS,GEIGER, 421 CHESTNUT ST EVANSVILLE 47713	IM	296	DRAKE,JAMES,RICHARD, 2304 MERIDIAN ST ANDERSON 46014	FP	186
DORAN,JORDAN,HAL, 8402 HARCOURT RD INDIANAPOLIS 46260	CD	134	DRAKE,JOHN,CALVIN, 604 ANDERSON BANK BLDG ANDERSON 46016	GS	186
DORMIRE,ROBT,DARRELL, 2200 LAKE AVE STE 150 FORT WAYNE 46805	R	082	DRAKE,MARION,CLIFFORD, 1201 MAIN ST ELWOOD 46036	GP	186
DORRANCE,THOS,OLNEY, 303 S MAIN ST BLUFFTON 46714	PD	318	DRAUS,JOHN,MARTIN, MEDICAL CENTER BLDG 201 EAST MARKET ST JEFFERSONVILLE 47130	GS	034
DOSS,JEROME,FAULKNER, 3415 S LAFOUNTAIN KOKOMO 46901	OBG	126	DREW,DANL,CONNOR, JASPER MED ARTS BLDG JASPER 47546	FP	066
DOSTER,STERLING,EUGENE, 811 W SECOND ST BLOOMINGTON 47401	ORS	214	DRUMMOND,JAMES,A, 531 NORTH MAIN STREET SOUTH BEND 46601	PTH	258
DOUGHTY,SAML,R, WINDRIDGE OFFICE BLDG NO 115 5435 EMERSON WAY NORTH INDIANAPOLIS 46226	AN	134	DRUMMY,WM,WALLACE, 3000 POPLAR ST TERRE HAUTE 47803	IM	298
DOUGLAS,WM,THOS, 3266 N MERIDIAN STE 407 INDIANAPOLIS 46208	AN	134	DRYDEN,GALE,EMERSON, 5835 N TACOMA ST INDIANAPOLIS 46220	AN	134
DOUMANIAN,HERATCH,O, 540 TYLER ST GARY 46402	R	174	DU BOIS,MICHAEL,BRUCE, 3524 NORTH MERIDIAN ST INDIANAPOLIS 46208	IM	134
DOVEY,EDWARD,G, 513 OAKLAND AVE ELKHART 46514	U	070			

DU BOIS, RAMON, B, 519 CALVERT LANE LAFAYETTE 47905	GP	286	DUNHAM, HENRY, H, 1025 MANCHESTER WABASH 46992	R	302
DUBOIS, DON, RAMON, 7150 S MADISON ST INDIANAPOLIS 46227	PD	134	DUNKIN, RAMON, SINCLAIR, 3266 N MERIDIAN ST INDIANAPOLIS 46208	PUD	134
DUCANES, ARNOLD, DELLOTA, 215 N FRANKLIN ST GREENSBURG 47240	GP	054	DUNLAP, DAVID, L, 423 JMS BLDG SOUTH BEND 46624	IM	258
DUGAN, JOHN, RICKWOOD, 6320 N FERGUSON INDIANAPOLIS 46220	FP	134	DUNNING, PRESTON, M, 3210 WATLING ST EAST CHICAGO 46312	OM	174
DUGAN, THOS, PATRICK, 1950 DOCTORS PARK DR COLUMBUS 47201	GP	014	DUNSTONE, HARRY, CARTER, 105 THREE RIVERS EAST FORT WAYNE 46802	P	082
DUGAN, WM, MILLER, 3524 N MERIDIAN INDIANAPOLIS 46208	HEM	134	DUPLER, LEE, FORREST W, 1201 OAK ST FRANKFORT 46041	IM	042
DUKES, BETTY, J DICKERSON, S 3D ST DUGGER 47848	GP	282	DUQUE, FAUSTO, 328 MOCKINGBIRD HILL RD LOUISVILLE KY 40207	AN	034
DUKES, DAVID, J, 439 E CHESTNUT ST CORYDON 47112	GP	114	DURHAM, THOMAS, E, 2200 CALIFORNIA ROAD ELKHART 46514	ORS	070
DUKES, JOS, ELLSWORTH, S 3D ST DUGGER 47848	GP	282	DURKEE, MELVIN, S, 615 TRINITY DRIVE EVANSVILLE 47715	GS	296
DUKES, MICHAEL, JOS, 801 ST MARYS DR SUITE 400 EVANSVILLE 47715	OBG	296	DUSARD, JOS, CAVANAW, 304 CITIZENS NATL BANK BLDG BEDFORD 47421	GP	182
DULIN, BASIL, BURTON, ST JOHNS HOSP ANDERSON 46011	R	186	DWYER, DANL, JOS, ROCKVILLE TOWN SQUARE ROCKVILLE 47872		218
DUMANIAN, ARA, VAHAN, 3680A I79TH ST HAMMOND 46323	CD	174	DWYER, DAVID, JAMES, 395 WESTFIELD ROAD NOBLESVILLE 46060	IM	106
DUNCAN, JAMES, E, R R I BOX 294D LA FONTAINE 46940	PTH	302	DY, JAMES, T, 2530 SAND ST PORTAGE 46368	GP	230
DUNCAN, RAYMOND, E, 2900 W 16TH ST BEDFORD 47421	GP	182	DY, JULEY, TEMBRINA, 2642 ELEANOR ST PORTAGE 46368	GP	230
DUNCAN, STUART, JACKSON, 3037 S MERIDIAN ST INDIANAPOLIS 46217	GP	134	DYAR, EDWIN, WM, 2020 WEST 86TH STREET INDIANAPOLIS 46260	OPH	134
DUNCAN, WM, ARBAUGH, 204 MEADOW DR DANVILLE 46122	OBG	118	DYAR, ROBT, WM, 2020 W 86TH ST INDIANAPOLIS 46260	OPH	134
DUNDEE, JOHN, THOBURN, R R 1 BOX 88 MITCHELL 47446	R	182	DYCUS, WALTER, ARRINGTON, 319 N ST JOSEPH AVE EVANSVILLE 47712	GP	296
DUNFEE, THOS, PATRICK, 720 EAST CEDAR SUITE 270 SOUTH BEND 46617	NEP	258	DYE, CLOYD, LEROY, 1007 N 16TH ST NEW CASTLE 47362	IM	122

DYE,WM,EDWARD, PROFESSIONAL BLDG OAKLAND CITY 47560	GP	094	ECHVERRIA,R,E, 2200 CALIFORNIA ROAD ELKHART 46514	ORS	070
DYER,GEO,WALLACE, 2710 WILSON DR TERRE HAUTE 47807	GP	298	ECHSNER,HERMAN,J, DOCTORS PARK DR COLUMBUS 47201	AN	014
DYER,JOHN,KELLY, 2828 FAIRFIELD AVE FORT WAYNE 46807	NEP	082	ECHT,CHAS,ROBT, 3266 N MERIDIAN APT 404 INDIANAPOLIS 46208	OEG	134
DYKE,RICHARD,WARREN, 542 W 83RD ST INDIANAPOLIS 46260	HEM	134	ECKERT,RUSSELL,ALOIS, TWO CHASE PARK LOGANSPOET 46947	R	030
DYKEN,MARK,LEWIS, I U MEDICAL CENTER INDIANAPOLIS 46202	N	134	ECKERT,RUTH,LOUISE, 7740 E GLENROSA APT 207 SCOTTSDALE AZ 85251	FP	082
DYKHUIZEN,THEODORE,A, 608 E WASHINGTON ST FRANKFORT 46041	U	042	EDMANDS,ROBT,EMERSON, 1213 NORTH ARLINGTON INDIANAPOLIS 46219	CD	134
EADES,R,CHAS, 914 E JEFFERSON ST SOUTH BEND 46617	P	258	EDWARDS,BERNARD,ELMO, 3355 TWYCKENHAM DR SOUTH BEND 46614	AN	258
EARL,MAX,MARKLEY, 502 S BERKLEY RD KOKOMO 46901	IM	126	EDWARDS,DAVID,JEAN, 1330 W MICH ST BRD OF HLTH INDIANAPOLIS 46206	PH	134
EARP,EVANSON,BYERS, 3368 WASHINGTON BLVD INDIANAPOLIS 46205	PH	134	EDWARDS,HENRY,GRADY, 518 S 7TH ST TERRE HAUTE 47807	U	298
EASTER,JAMES,NEIL, 1912 BUNDY AVE NEW CASTLE 47362	GP	122	EDWARDS,JAMES,LARKIN, 900 I STREET LA PORTE 46350	PD	178
EASTLUND,MARVIN,EUGENE, 4317 LYNWOOD COURT FORT WAYNE 46805	OEG	062	EDWARDS,JOHN,ROBT, 903 S CEDAR AUBURN 46706	GS	058
EATON,EDWIN,RAY, COMMUNITY HOSP INDIANAPOLIS 46219	EM	134	EDWARDS,JOSHUA,L, IND UNIV MED CTR DEPT-PATH INDIANAPOLIS 46202	PTH	134
EATON,LYMAN,DALE, 6921 N KEYSTONE AVE INDIANAPOLIS 46220	IM	134	EDWARDS,JUDITH,ANN JOHNS, 8836 KIRKHAM RD INDIANAPOLIS 46260	CHP	134
EATON,MARION,JOSHUA, 214 LIFE BLDG LAFAYETTE 47901	U	286	EDWARDS,THOMAS,A, 152 CREIGHTON ROAD WEST LAFAYETTE 47906	ORS	286
EBBINGHOUSE,TOM,H, 98 W MAIN ST RICHMOND 47374	GP	314	EDWARDS,WENDELL,LEE, 8836 KIRKHAM RD INDIANAPOLIS 46260	AN	134
EBERT,J,WAYNE, 1618 STOP 11 RD APT 7 INDIANAPOLIS 46227	GP	134	EDWARDS,WILLIAM,A, 1655 HAWTHORNE DR PLAINFIELD 46168	FP	116
EBERT,TERRY,WAYNE, 509 RIDGE RD MUNSTER 46321	D	174	EDWARDS,WM,FRANCIS, 604 E SPRING ST NEW ALBANY 47150	OTO	078
EBERTH,EDWARD,PALMER, 3266 NORTH MERIDIAN INDIANAPOLIS 46208	AN	134	EGAN,SHERMAN,L, 423 JMS BLDG SOUTH BEND 46601	IM	258

EGBERT, HERBERT, L, 5317 E 16TH ST INDIANAPOLIS 46218	GS	134	ELLETT, JOHN, BOX 126 COATESVILLE 46121	GP	242
EGGER, ROSS, L, RTE 1 BOX 75 DALEVILLE 47334	FP	062	ELLIOT, WILLAM, JAMES, 1500 N RITTER AVENUE INDIANAPOLIS 46219	R	134
EGGERS, HENRY, WM, 110 RIDGE RD MUNSTER 46321	OBG	174	ELLIOTT, DANL, ROBT, 7610 CANDLEWOOD LANE INDIANAPOLIS 46250	R	134
EGGERS, RICHARD, ROY, 120 W PIKE ST CRAWFORDSVILLE 47933	GP	198	ELLIOTT, PAUL, W, 332 PARK LANE LAFAYETTE 47906	PTH	286
EGGERT, DAVID, E, 540-C SOUTH MAIN ST NEW CASTLE 47362	GS	122	ELLIOTT, THOS, A, ELKHART CLINIC BOX 2507 ELKHART 46514	IM	070
EGLIN, DOUGLAS, E, BALL HOSPITAL 2401 UNIVERSITY AVE MUNCIE 47303	IM	062	ELLIOTT, WM, CROMARTIE, 3524 N MERIDIAN ST INDIANAPOLIS 46208	CD	134
EGNATZ, CHAS, DYKE, U S 41 AND 30 SCHERERVILLE 46375	GP	174	ELLIS, CHAS, ROBT, BLOOMINGTON HOSP DEPT PTH BLOOMINGTON 47401	PTH	214
EGNATZ, NICHOLAS, 30 DOUGLAS AVE HAMMOND 46320	GP	174	ELLIS, DAVID, LEE, 101 SHADY LANE WABASH 46992	AN	302
EHRLICH, CLARENCE, EUGENE, 1100 WEST MICHIGAN ST INDIANAPOLIS 46202	ND OBG DEPT	134	ELLIS, DAVIS, W, 600 E 11TH ST RUSHVILLE 46173	GP	254
EICHER, PALMER, O, 4401 WASHINGTON BLVD INDIANAPOLIS 46205	ORS	134	ELLIS, FORREST, D, IND UNIV SCHOOL OF MEDICINE 1100 WEST MICHIGAN ST INDIANAPOLIS 46202	OPH	134
EILER, PAUL, AUSTIN, 1104 N WAYNE ST NORTH MANCHESTER 46962	GP	302	ELLIS, GEO, MELVIN, 108 E 10TH ST CONNERSVILLE 47331	FP	074
EISAMAN, JACK, LANGOHR, 1422 HUNTER ROAD BLUFFTON 46714	CD	318	ELLIS, LYMAN, HALL, 408 E 3RD ST LIZTON 46149	GP	118
EISENBERG, DAVID, A, 549 S JEFFERSON ST MARTINSVILLE 46151	GP	202	ELLIS, ROBT, KEITH, 2200 CALIFORNIA RD ELKHART 46514	ORS	070
EL-ISSA, SA'D, ISSA, 3050 POPLAR ST TERRE HAUTE 47803	CD	298	ELLIS, WM, NICOL, 1640 N RITTER INDIANAPOLIS 46218	FP	134
ELDRIDGE, GAIL, EDWARD, 5239 NOB LANE INDIANAPOLIS 46226	GP	134	ELMORE, MICHAEL, F, 3380 SHERBURNE CIRCLE INDIANAPOLIS 46222	GE	134
ELKINS, JAMES, PAUL, 2045 LICK CREEK INDIANAPOLIS 46203	OBG	134	ELSHOFF, DONALD, VIRGIL, 3700 BELLEMEADE AVE STE 104 EVANSVILLE 47715	IM	296
ELLEMAN, JOHN, HENRY, 800 SOUTH BERKLEY KOKOMO 46901	FP	126	ELSHOUT, CLEMENT, H, 409 FIRST NATL BK LA PORTE 46350	AN	178
ELLER, ALVAN, LA VERNE, 115 N CENTER ST FLORA 46929	GP	026	ELSTON, LYNN, WICKWIRE, 7716 S HANNA ST FORT WAYNE 46806	GS	082

ELSTON,RALPH,WICKWIRE, 2305 RANDALL RD FORT WAYNE 46804	GS	082	EREHART,MARK,GEO, MAPLE GROVE RD HUNTINGTON 46750	OPH	130
ELWARD,CARL,J, 1025 MANCHESTER WABASH 46992	R	302	ERICKSON,GUSTAF,W, 211 N EDDY AT COLFAX SOUTH BEND 46617	PD	258
ELY,CECIL,W, 3305 ALLISON WAY LOUISVILLE KY 40220	R	034	ERICSON,HAROLD,L, BOX 366 WINDFALL 46076	GP	290
EMERSON,QUENTIN,BRENT, 611 HARRIET ST EVANSVILLE 47710		296	ERICSON,HOMER,STANLEY, 107 S DIXON RD KOKOMO 46901	GP	126
EMERY,CHARLES,B, 711 W 2ND BLOOMINGTON 47401	ORS	214	ERTAN,BEHIC,M, 7905 CALUMET AVE MUNSTER 46321	IM	174
EMERY,CHAS,BARTLETT, 2325 Q ST BEDFORD 47421	GP	182	ERWIN,WINFORD,ROBT, 900 I ST LA PORTE 46350	GP	178
EMHARDT,JOHN,THILO, 3305 BRILL RD INDIANAPOLIS 46227	OM	134	ERXLEBEN,WALTER,OSCAR, 303 S MAIN ST BLUFFTON 46714	IM	318
EMKES,BERNARD,JOHN, 6201 PARK AVE INDIANAPOLIS 46220	GP	134	ESKEW,KENNETH,W, SCOTT MEDICAL BLDG SULLIVAN 47882	GP	282
ENDERLE,FRANK,JOHN, 1700 N 7TH ST TERRE HAUTE 47807	GS	298	ESKEW,PHILIP,NEWTON, 614 S RANGE LINE RD CARMEL 46032	OBG	134
ENDICOTT,WAYNE,H, 120 W MC KENZIE RD GREENFIELD 46140	FP	110	ESPINO,JOSE,CANCIO, 7550 HOHMAN MUNSTER 46321	GS	174
ENGEL,EDGAR,L, 326 S E 7TH ST EVANSVILLE 47713	OBG	296	ESPY,THEODORE,R, 1901 BROADWAY GARY 46407	GP	174
ENGEL,HOWARD,ROBT, 919 E JEFFERSON ST SOUTH BEND 46622	IM	258	ESTACIO,ROMEO,Y, 9523 WHITE OAK MUNSTER 46321	GP	174
ENGLISH,HUBERT,MORTON, 521 WEST 39TH PLACE HOBART 46342	GP	174	ESTES,AMBROSE,C, 400 E 3RD ST BLOOMINGTON 47401	GS	214
ENGLISH,JOHN,PAUL, 211 N EDDY SOUTH BEND 46617	IM	258	EUGENIDES,TATIANA,X S, 8136 KENNEDY HIGHLAND 46322	PD	174
ENSEY,PHILIP,L, 29 LONGRIDGE RD TERRE HAUTE 47802	GP	298	EVANS,DANL,RICHARD, 2005 VALPARISO ST VALPARAISO 46383	OPH	230
ENTNER,CHAS,LEROY, 226 S MERIDIAN DUNKIRK 47336	GP	146	EVANS,DAVID,LESLIE, 2424 FERRY ST LAFAYETTE 47904	P	286
EPPS,JAMES,HARMAN, 2330 BEACON ST FORT WAYNE 46605	AN	082	EVANS,FREDERICK,H, 2140 N CAPITOL AVE INDIANAPOLIS 46202	OTO	134
ERDEL,MILTON,WM, 2 E WHITE ST FRANKFORT 46041	OTO	042	EVANS,FREDERICK,J, 226 SO MAIN ST CLINTON 47842	GP	218

EVANS, O, THOMAS, 611 HARRIET ST STE 401 EVANSVILLE 47710	ORS	296	FARR, JAMES, CURRY, 401 EAST 4TH ST BLOOMINGTON 47401	IM	214
EVANS, PAUL, VINCENT, METHODIST HOSP INDIANAPOLIS 46202	PTH	134	FARRELL, JOHN, JOS, 120 W MC KENZIE GREENFIELD 46140	AN	110
EVENS, MARVIN, AMOS, 5435 EMERSON WAY NORTH #115 INDIANAPOLIS 46226	AN	134	FARRELL, JOS, THOS, 543 N AUDUBON RD INDIANAPOLIS 46219	GP	134
EVERETTS, DAVID, R, 5470 E 16TH STREET INDIANAPOLIS 46218	OBG	134	FARRIS, JOHN, JOS, ST VINCENT HOSPITAL INDIANAPOLIS 46208	EM	134
EVERLY, RALPH, VERNON, 706 E 46TH INDIANAPOLIS 46205	GP	134	FAULKNER, BARBARA, ELLEN, 321 W 20TH ST CONNERSVILLE 47331	IM	074
EVISTON, JOHN, BOYD, 34 E WASHINGTON ST HUNTINGTON 46750	GP	130	FAULKNER, DONALD, JOS, 7905 CALUMET MUNSTER 46321	FP	174
EWER, ROBT, WAYNE, 1112A SOUTH VILLA DRIVE EVANSVILLE 47714	IM	296	FAUSSET, C, BASIL, 1815 N CAPITOL AVE INDIANAPOLIS 46202	NS	134
EWING, NATHANIEL, D, RR 3 VINCENNES 47591	GS	162	FAUST, HOWARD, MACY, 1508 N MADISON ANDERSON 46012	GP	186
FADUL, ARMAND, 47 W 68TH PL MERRILLVILLE 46410	IM	174	FAUSTINO, CARLOS, DAET, 710 JEFFRAS AVE MARION 46952	AN	098
FAILEY, ROBT, B, I U MEDICAL CENTER INDIANAPOLIS 46202	IM	134	FAW, MELVIN, L, 421 CHESTNUT ST EVANSVILLE 47713	CD	296
FARAG, RAFIK, S FOUAD, 19 FAR VIEW PERU 46970	GS	194	FEAR, OLAN, DE WITT, BOX 2507 ELKHART 46514	IM	070
FARAHMAND, FIROUZ, 2674-P PORTAGE MALL PORTAGE 46368	PD	230	FECHTMAN, WM, FREDERICK, 1815 N CAPITOL AVE INDIANAPOLIS 46202	OTO	134
FARID, RAHIM, BOX 108 BRAZIL 47834	GS	038	FEDOR, THOS, ANTHONY, 1525 WINDING WAY ANDERSON 46011	P	186
FARINAS, CIRILO, T, 25 DOUGLAS HAMMOND 46320	PTH	174	FEENEY, MARTIN, THOMAS, 4094 ROCKINGCHAIR RD GREENWOOD 46142	OBG	134
FARIS, JAMES, VANNOY, KRANNERT INST OF CARDIOLOGY 1001 WEST 10TH STREET INDIANAPOLIS 46202	CD	134	FEFERMAN, MARTIN, E, 919 E JEFFERSON BLVD SOUTH BEND 46622	NS	258
FARMER, CHAS, ROBT, 619 WEST FIRST STREET BLOOMINGTON 47401	GP	214	FEINN, HARRY, S, 1013 INDIANA AVE LA PORTE 46350	OTO	178
FARNER, JAMES, E, 130 W PARK LANE SOUTH BEND 46601	GE	258	FELDMAN, HOWARD, EUGENE, 7905 CALUMET MUNSTER 46321	OM	174
FARQUHAR, JOHN, S, 401 SOUTHEAST SIXTH ST EVANSVILLE 47713	FP	296	FELDMAN, MAX, 1921 MIAMI ST SOUTH BEND 46613	GP	258

FELDNER, RONALD, PETER, 110 RIDGE RD MUNSTER 46321	GP	174	FERREE, MARY, M, 1815 NORTH CAPITOL AVE NO 202 INDIANAPOLIS 46202	CHP	134
FELGER, THOS, ALLEN, 5717 S ANTHONY BLVD FORT WAYNE 46806	FP	062	FERRELL, MARS, BENTON, 122 NORTH MAIN ST FORTVILLE 46040	FP	186
FELICIANO, ADORACION, 916 SOUTH 5TH ST TERRE HAUTE 47807	GP	298	FERRY, FRANCIS, A, 1638 E RAYMOND INDIANAPOLIS 46203	OBG	134
FELICIANO, ELPIDIO, G, 916 S 5TH ST TERRE HAUTE 47802	AN	218	FERRY, JOHN, LUMICE, 2450-169TH ST HAMMOND 46323	IM	174
FELICIANO, MACARIO, G, 916 S 5TH ST TERRE HAUTE 47807	AN	298	FESSLER, GORDON, SOISTER, 226 MAIN ST RISING SUN 47040	GP	050
FENNEMAN, ROBT, J, 402 S E 7TH ST EVANSVILLE 47713	OPH	296	FETROW, KENNETH, O, 852 STATE LINE CALUMET CITY IL 60409	ORS	174
FENSTERMACHER, ROBT, EDWIN, 506 MICHIGAN ST WALKERTON 46574	FP	256	FEUER, HENRY, 601 WEST 91ST STREET INDIANAPOLIS 46260	NS	134
FERGUSON, ARTHUR, N, 1935 GOLDEN RAIN RD WALNUT CREEK CA 94595	CD	082	FIACABLE, JOS, PAUL, 347 W BERRY ST FORT WAYNE 46802	P	082
FERGUSON, JAMES, F, PO BOX 1149 BLOOMINGTON 47401	DR	214	FIEDERLEIN, FREDERICK, J., 2809 GODMAN AVE MUNCIE 47304	N	062
FERGUSON, JEFFREY, HALE, 3250 ARBUTUS DR INDIANAPOLIS 46224	FP	134	FIEDOR, JOHN, P, 1250 CHESTER BLVD RICHMOND 47374	ORS	314
FERGUSON, PHILIP, CHAS, 1025 MANCHESTER AVE WABASH 46992	FP	302	FIELD, THOS, EMERY, 3624 JOAN AVE EVANSVILLE 47711	FP	296
FERGUSON, STEPHEN, C, 314 S E RIVERSIDE DR EVANSVILLE 47713	HNS	296	FIELDS, DON, C, 2600 GREENBUSH ST LAFAYETTE 47902	GS	286
FERGUSON, WILLIAM, B, 2525 SOUTH ST LAFAYETTE 47904	ORS	286	FIELDS, DONALD, LEE, 3804 SOUTHLAND AVE KOKOMO 46901	PD	126
FERRARA, DONALD, WM, 18 W 5TH ST PERU 46970	GS	194	FIELDS, MAX, L, 1307 U S 24 WEST MONTICELLO 47960	GP	322
FERRARA, JOS, FRANCIS, 111 S WATER ST P O BOX 6 FRANKLIN 46131	GS	158	FIELDS, RANDALL, W, HENRY COUNTY MEMORIAL HOSP NEW CASTLE 47362	R	122
FERRARA, SAML, J, 18 W 5TH ST PERU 46970	GS	194	FILIPEK, WALTER, JOS, 311 ODD FELLOW BLDG SOUTH BEND 46601	GP	258
FERRARA, THOS, ALBERT, MEDICAL ARTS BLDG NORTH 5508 EAST 16TH ST NO 25 INDIANAPOLIS 46218	OBG	134	FILMER, ELEANOR, H M JULIN, 801 ELM DRIVE WEST LAFAYETTE 47906	GP	286
FERREE, H, LANE, 1815 NORTH CAPITOL AVE NO 202 INDIANAPOLIS 46202	P	134	FINFROCK, JAMES, D, 515 S 2ND ST ELKHART 46514	GS	070

FINK, JAMES, MAURICE, 720 EAST CEDAR SUITE 260 SOUTH BEND 46617	IM	258	FISHER, WM, PAUL, I U MEDICAL CENTER INDIANAPOLIS 46202	P	134
FINNERAN, JOS, CHAS, 8402 HARCOURT RD APT 417 INDIANAPOLIS 46260	GS	134	FITZGERALD, EDWARD, BRICE, 8402 HARCOURT STE 411 INDIANAPOLIS 46260	CDS	134
FIPP, AUGUST, LORENZ, 5518-6 OLD DOVER BLVD FORT WAYNE 46815	GP	206	FITZGERALD, WM, JOS, 1118 E ST CLAIR ST INDIANAPOLIS 46202	GP	134
FIRESTEIN, RAY, 502 N IRONWOOD DR SOUTH BEND 46615	IM	258	FITZKEE, WM, ELWOOD, 120 W MAIN ST ALBION 46701	FP	206
FISCH, CHAS, I U MEDICAL CENTER INDIANAPOLIS 46202	CD	134	FITZPATRICK, HARRY, W, 1309 S ANDERSON ST ELWOOD 46036	GP	186
FISCH, JON, 1037 W 77TH N DR INDIANAPOLIS 46260	OBG	134	FITZPATRICK, JAMES, S, P O BOX 1286 PORTLAND 47371	GS	146
FISCHER, A, ALAN, DEPT OF FAMILY MEDICINE 1100 WEST MICHIGAN ST INDIANAPOLIS 46202	FP	134	FITZPATRICK, WM, J, 110 RIDGE RD MUNSTER 46321	GS	174
FISCHER, BURNELL, 49 INDI-ILLI PKWY HAMMOND 46324	AN	174	FITZSIMMONS, SAM, LEE, 900 SOUTH BOEKE RD EVANSVILLE 47714	U	296
FISCHER, CHAS, KENNETH, 801 ST MARYS DRIVE SUITE 504 EVANSVILLE 47715	GPH	296	FLACK, RUSSELL, ALLEN, 432 CURSON AVE LOS ANGELES CA 90036	IM	286
FISCHER, WARREN, E, ST JOHNS HOSP ANDERSON 46011	R	186	FLAHERTY, ROBT, ANTHONY, 2828 FAIRFIELD AVE FORT WAYNE 46807	R	082
FISCUS, CLIFFORD, WM, R R NO 2 BOX 84B ZIONSVILLE 46077	OPH	134	FLANAGAN, PAUL, M, 5842 N LA SALLE INDIANAPOLIS 46220	OS	134
FISH, EDSON, CLEMENT, 19054 SUMMERS DR SOUTH BEND 46637	AN	258	FLANDERS, ROBT, 3266 N MERIDIAN ST INDIANAPOLIS 46208	IM	134
FISHER, HENRY, 1502 S WASHINGTON ST MARION 46952	FP	096	FLANIGAN, M, B, 3305 RUTLEDGE DR INDIANAPOLIS 46208	AN	134
FISHER, JOHN, EDWARD, 540 S MAINT ST NEW CASTLE 47362	IM	122	FLANNIGAN, HARLEY, F, MED BLDG LAGRANGE 46761	GP	170
FISHER, PIERRE, JAMES, 500 WABASH AVE MARION 46952	GS	098	FLEISCHL, HERBERT, P O BOX 192 SANIBEL FL 33957	P	134
FISHER, THOS, FORREST, 215 BROADWAY GARY 46402	OM	174	FLORA, JOS, O, 5604 ROCKVILLE RD INDIANAPOLIS 46224	GP	134
FISHER, WALTER, SCOTT, 4715 WOODCREST DR COLUMBUS 47201	CD	014	FLORCRUZ, ARTURO, ROXAS, 2805 HIGHWAY AVE HIGHLAND 46322	GS	174
			FLORMAN, LARRY, D, 207 SPARKS STREET MEDICAL ARTS BLDG-4TH FLOOR JEFFERSONVILLE 47130	PS	034

FLOYD, MALCOLM, STAFFORD, GOOD SAMARITAN HOSP VINCENNES 47591	R	162	FOSTER, RAY, D, 8330 NORTH NAAB ROAD SUITE 203 INDIANAPOLIS 46260	OTO	134
FOLEY, HANSEL, ODELL, 701 NORTH ST JOSEPH ST SOUTH BEND 46601	GP	256	FOSTER, RAY, T, 420 N MAIN ST NEW CASTLE 47362	OM	122
FOLEY, PATRICK, L, 3500 LAFAYETTE ROAD INDIANAPOLIS 46222	FP	134	FOUNTAIN, THOS, JAY, 1620 18TH ST BEDFORD 47421	GP	182
FOLEY, PHILLIP, DELANO, 613 10TH ST MIDDLETOWN 47356	GP	186	FOWLER, RICHARD, ROSS, 104 N GRANT ST BLOOMINGTON 47401	GP	214
FOLLIS, CLIFTON, G, G-6499 FLUSHING RD FLUSHING MI 48433	TR	296	FOX, JACK, MILLER, 7550 HOHMAN AVE MUNSTER 46321	D	174
FOLTZ, JACK, LLOYD, 1407 DARLINGTON AVE CRAWFORDSVILLE 47933	OBG	198	FOX, RICHARD, FREDERICK, 2826 FAIRFIELD AVE FORT WAYNE 46807	TR	082
FONG, THEODORE, C C, 316 BELLAIRE DR MADISON 47250	P	150	FOY, THOS, DANL, FOY FAMILY PRACTICE INC 6642 ST JOE RD FORT WAYNE 46808	FP	082
FORCHETTI, JOHN, ANTHONY, 1610 COBBLESTONE CT CHESTERTON 46304	CD	230	FRABLE, FRANK, L, 370 BIELBY RD LAWRENCEBURG 47025	GS	050
FORREST, OTTO, NORMAN, 912 E LA SALLE ST SOUTH BEND 46617	OBG	258	FRAHM, CHAS, JOS, 1820 E COLUMBUS DR EAST CHICAGO IN 46312	CD	174
FORSEE, NORMAN, EDWARD, 506 EAST CHARLESTOWN AVE JEFFERSONVILLE 47130	GP	034	FRANADA, HECTOR, P O BOX 588 WARSAW 46580	AN	166
FORTNER, RAY, EDWARD, DOCTORS PARK BLDG 1 COLUMBUS 47201	U	014	FRANCE, LLOYD, CAROL, 1223 N CENTER ST PLYMOUTH 46563	GS	190
FORTNER, WM, ROBT, 3032 BROOKEHAVEN ROAD NEW ALBANY 47150	R	078	FRANCO, JAMES, MICHAEL, 611 HARRIET ST NO 301 EVANSVILLE 47710	NS	296
FORTUNA, FRANK, WM, 1615 MAIN ST BEECH GROVE 46107	GP	134	FRANK, HERBERT, 919 E JEFFERSON BLVD SOUTH BEND 46622	IM	258
FOSBRINK, EPHRAIM, L, 218 S HUNTINGTON SYRACUSE 46567	GP	070	FRANK, JOHN, RAY, 23 LINCOLNWAY VALPARAISO 46383	OPH	230
FOSGATE, HAROLD, L, 4301 E 38TH ST INDIANAPOLIS 46218	GP	134	FRANK, LYALL, LOUIS, 224 W NAVARRE ST SOUTH BEND 46601	FP	258
FOSTER, JOHN, ARTHUR, P O BOX 268 FORT WAYNE 46801	PTH	286	FRANKEL, GERALD, JOS, 9018 EUCKEY COURT INDIANAPOLIS 46260	U	134
FOSTER, LEE, N, RR 3 2020 136TH ST W CARMEL 46032	CLP	134	FRANKEN, EDMUND, A, INDIANA UNIV MED CTR INDIANAPOLIS 46202	PDR	134
FOSTER, LOWELL, GEO, 3500 LAFAYETTE RD INDIANAPOLIS 46222	P	134	FRANKHOUSER, CHAS, M A, PO BOX 268 FORT WAYNE 46801	PTH	082

FRANKLIN, JOS, EDWARD, 421 CHESTNUT ST EVANSVILLE 47713	OBG	296	FRIEND, GEO, BERNARD, 919 E JEFFERSON BLVD SOUTH BEND 46622	GS	258
FRANKLIN, WILLIAM, L, 33 E 37TH ST INDIANAPOLIS 46205	ORS	134	FRIESEN, GENE, WELDON, 206 W WARREN ST MIDDLEBURY 46540	ID	070
FRANKOWSKI, CLEMENTINE, E, 1706 LA PORTE AVE WHITING 46394	PH	174	FRIESKE, DAVID, ALLEN, 7905 CALUMET AVE MUNSTER 46321	P	174
FRANZ, SHERMAN, GAYLE, 2510 SANDCREST BLVD COLUMBUS 47201	P	014	FRITCH, JOHN, MARTIN, 710 S 21ST ST LAFAYETTE 47905	OPH	286
FRASH, DE, VON WALTERS, 1910 MIAMI ST SOUTH BEND 46613	GP	258	FRITH, LOUIS, GORDON, 51757 N HICKORY RD GRANGER 46530	GP	258
FRAZIER, JOHN, LEE, 3421 S LAFOUNTAIN KOKOMO 46901	IM	126	FRITZ, WALTER, 1520 SOUTH HEATON ST KNOX 46534	FP	274
FREDERICK, JOS, A, 1201 MICHIGAN AVENUE LOGANSPOUT 46947	IM	030	FRODERMAN, STANLEY, EARL, 1207 E NATIONAL BRAZIL 47634	GS	038
FREDERICK, TERRY, LEE, 622 S RANGE LINE ROAD CARMEL 46032	FP	134	FROMHOLD, WILLIS, A, 510 WILLARD AVE INDIANAPOLIS 46227	IM	134
FREED, CARL, ADRIAN, 4334 SPRING WOOD TR INDIANAPOLIS 46208	OBG	134	FROST, ROBT, JOS, 1701 BUFFALO ST P O BOX 341 MICHIGAN CITY 46360	PTH	178
FREED, JOHN, ELIAS, 1024 S 6TH ST TERRE HAUTE 47807	GS	298	FRY, ROBT, DE VAULT, 1240 CONSOLIDATED BLDG INDIANAPOLIS 46204	GS	134
FREEMAN, MARK, L, WABASH VALLEY HOSPITAL WEST LAFAYETTE 47906	P	286	FUELLING, JAMES, LOUIS, 217 E GRANT ST MARION 46952	OPH	098
FREEMAN, MAX, E, 89 1ST AVE SW CARMEL 46032	GP	134	FUGELSO, ERLING, SVERRE, 207 HERITAGE RD BLOOMINGTON 47401	IM	214
FRENCH, RICHARD, NOBLE, 8530 LAMIRA LANE INDIANAPOLIS 46234	P	134	FULLAM, RICHARD, G, 5800 FAIRFIELD STE 150 FORT WAYNE 46807	AN	082
FRENCH, RICHARD, STEPHENS, 8402 HARCOURT RD INDIANAPOLIS 46260	N	134	FULLER, ROBT, GLEN, DOCTOR'S PARK BLDG 2 COLUMBUS 47201	FP	014
FRETZ, RICHARD, CARL, 2008 W SYCAMORE KOKOMO 46901	FP	126	FULTON, WM, HALL, 7216 S MADISON INDIANAPOLIS 46227	N	134
FREY, HARLEY, H, 1001 LIFE BLDG LAFAYETTE 47901	AN	286	FULTZ, ROY, LEE, 55 SYCAMORE ROAD JEFFERSONVILLE 47130	AN	034
FRIEDMAN, ISADORE, E, 7217 INDIANAPOLIS BLVD HAMMOND 46324	OPH	174	FUNDENBERGER, MARTIN, 2815 E 38TH ST INDIANAPOLIS 46218	OPH	134
FRIEDMAN, MORRIS, S, 720 E CEDAR NO 370 SOUTH BEND 46617	ORS	258	FURMAN, ROBT, H, 307 E MC CARTY ST INDIANAPOLIS 46225	OS	134

FURR, JACK, DEAN, PARK AVE HILLSBORO 47949	GP	086	GALLINATTI, JOHN, JOS, 2177 GREEN VALLEY DR LOFS CROWN POINT 46307	GP	230
FURTADO, ROBT, 2828 FAIRFIELD AVE FORT WAYNE 46807	PS	082	GALUP, LUIS, NEMESIO, 531 N MAIN ST SOUTH BEND 46601	PTH	258
FUTTERKNECHT, JAMES, OTTO, ELKHART CLINIC BOX 2507 ELKHART 46514	GS	070	GAMBILL, WM, DUDLEY, 118 W 16TH ST INDIANAPOLIS 46202	IM	134
GABATO, MANUEL, BARDOS, 12110 GRANT ST CROWN POINT 46307	IM	174	GAMMELL, LINDLEY, LLOYD, 2756 25TH ST COLUMBUS 47201	AN	014
GABOVITCH, EDWARD, ROBT, 1935 N CAPITOL INDIANAPOLIS 46202	RHU	134	GANADEN, EULOGIO, V, 8330 NAAB ROAD NO 303 INDIANAPOLIS 46260	P	134
GABOYA, RUBEN, KEAD, P O BOX 577 BUNKER HILL 46914	IM	126	GANGADHAR, RU DRAPPA, FORT WAYNE MEDICAL LAB BOX 268 FORT WAYNE 46601	HEM	082
GABRIEL, MAGDI, 320 WEST 4TH ST MISHAWAKA 46544	ORS	258	GANJI, NASSER, 619 W 1ST ST BLOOMINGTON 47401	AN	214
GABRIELSEN, TED, HOWARD, 120 WEST MCKENZIE ROAD GREENFIELD 46140	GS	134	GANNON, ANTHONY, PATRICK, 100 WEST MADISON ST FRANKLIN 46131	FP	158
GADDY, NELSON, DON, 3500 LAFAYETTE ROAD INDIANAPOLIS 46222	GP	134	GANSER, RALPH, VINCENT, 810 E COLFAX SOUTH BEND 46617	OTO	258
GAEBLER, JOHN, WM, 7150 MADISON AVE INDIANAPOLIS 46227	PD	134	GANSER, RICHARD, A, 1020 WILSON BLVD MISHAWAKA 46544	EM	258
GAHIMER, JOE, EDWARD, 215 W 19TH ST ANDERSON 46014	IM	186	GANZ, MAX, 1251 KEM RD STE A MARION 46952	GP	096
GALANTE, ALBERT, 800 MAC ARTHUR BLVD MUNSTER 46321	OBG	174	GARBER, J, NEILL, 7036 N PENNSYLVANIA ST INDIANAPOLIS 46220	ORS	134
GALANTE, GLORIA, 625 RIDGE ROAD MUNSTER 46321	P	174	GARCIA, MANUEL, GENETA, P O BOX 120 BATESVILLE 47006	GS	250
GALBREATH, RICHARD, E, WARSAW FAMILY CARE INC 602 EAST WINONA AVE WARSAW 46580	OBG	166	GARCIA, TIERRY, F, 1500 ALBANY ST BEECH GROVE 46107	OTO	134
GALINIS, ALGIMANTAS, JOS, 1225 E COOLSPRING MICHIGAN CITY 46360	GP	178	GARD, DANL, A, 1919 N CAPITOL ST INDIANAPOLIS 46202	OM	134
GALLAGHER, DANL, F, 5219 SOUTH WAYNE AVE FORT WAYNE 46807	AN	082	GARDE, RODRIGO, CARPIO, 117 ARCH ST NEW CARLISLE 46552	GS	178
GALLANOSA, ARTURO, G, 2116 HEATHER ROAD ANDERSON 46012	AN	186	GARDINER, SPRAGUE, HEMAN, 1100 W MICHIGAN ST INDIANAPOLIS 46202	OBG	134
GALLIHER, MARJORIE, JANE, 410 WHITE RIVER BLVD MUNCIE 47303	GP	062	GARDINER, THOMAS, K, BALL MEMORIAL HOSP 2401 UNIVERSITY AVE MUNCIE 47303	IM	062

GARDNER,AUSTIN,L, 8402 N HARCOURT RD INDIANAPOLIS 46260	CDS	134	GASTINEAU,DAVID,C, 2200 LAKE AVE STE 150 FORT WAYNE 46805	TR	082
GARDNER,FREDERIC,B, 530 WILLOW SPRING RD INDIANAPOLIS 46240	AN	134	GATES,GEO,E, 211 NORTH EDDY AT COLFAX SOUTH BEND 46617	IM	258
GARDNER,IAN,ROSS, 919 EAST JEFFERSON BLVD SOUTH BEND 46622	CDS	258	GATES,GEO,GREGORY, 814 LA PORTE VALPARAISO 46383	PTH	230
GARDNER,MELVIN,DUANE, 801 WASHINGTON ST MICHIGAN CITY 46360	ABS	178	GATMAITAN,ALEJANDRO,V, 235 E CAREY KNIGHTSTOWN 46148	GP	122
GARDNER,NORMAN,DAVID, 4925 BUTTONWOOD CRESCENT INDIANAPOLIS 46208	R	134	GATTMAN,G,BEACH, ELKHART CLINIC BOX 2507 ELKHART 46514	PD	070
GARDNER,RUSSELL,ALLEN, 801 WASHINGTON ST MICHIGAN CITY 46360	OBG	178	GATZIMOS,CHRISTOS,D, DUKES HOSPITAL PERU 46970	PTH	194
GARFIELD,MARTIN,D, 3705 N COLLEGE AVE INDIANAPOLIS 46205	GP	134	GAUL,L,EDWARD, 509 HULMAN BLDG EVANSVILLE 47708	D	296
GARGETT,JAMES,MICHAEL, 706 RIVER RD MARION 46952	FP	098	GAUNT,EVERETT,WELKER, 214 E JOHN ST ALEXANDRIA 46001	GP	186
GARLAND,EDGAR,ALLEN, 606 S WEINBACH AVE EVANSVILLE 47714	GS	296	GAURANO,LAURO,M, 234 E SOUTHERN INDIANAPOLIS 46225	IM	134
GARNER,WM,HOWARD, 919 E SPRING ST NEW ALBANY 47150	GS	078	GEBELE,GENE,P, LABORATORY DECATUR CO HOSP GREENSBURG 47240	PTH	054
GARNER,WM,HOWARD, 919 E SPRING ST NEW ALBANY 47150	GS	078	GECKLER,CHAS,ELMER, 1007 W NORTH ST MUNCIE 47303	PTH	062
GARNER,WM,STANLEY, 2704 E 62ND ST INDIANAPOLIS 46220	GP	134	GEHRING,THOS,ALBERT, 6111 HARRISON ST MERRILLVILLE 46410	GP	174
GARRETT,ROBT,AUSTIN, I U MEDICAL CTR INDIANAPOLIS 46202	U	134	GEICK,RAYMOND,GODFREY, 109 N MC CREARY ST FORT BRANCH IN 47648	GP	094
GARRISON,JAMES,L, 11890 WELLAND ST CUMBERLAND 46229	GP	110	GEIDER,ROY,AUGUST, 5816 PLEASANT RUN INDIANAPOLIS 46219	GP	134
GARRISON,LEON,JOHN, 515 E MAIN ST GAS CITY 46933	GP	098	GEIGER,DILLON,D, 115 S LINCOLN ST BLOOMINGTON 47401	OTO	214
GARTNER,JOSE,C, MEMORIAL HOSPITAL JASPER 47546	AN	066	GEISLER,HANS,EMANUEL, 5470 E 16TH ST INDIANAPOLIS 46218	OBG	134
GARTON,HARRY,WASSON, 2528 EAST MCKELLIPS MESA AZ 85203		082	GELLER,SAML, R R 8 BOX 143-A EVANSVILLE 47711	GP	296
GARVISH,JOHN,FRANKLIN, 306 BINFORD ST CULVER HOSPITAL CRAWFORDSVILLE 47933	R	198	GENNA,MARY,MILLER, 1448 CRESTLINE DR SANTA BARBARA CA 93105	OS	134

GENTILE, JONATHAN, PAUL, 5110 N CLINTON ST FORT WAYNE 46825	GS	082	GIFFIN, CHAS, SALEN, 102 MED CTR FORT WAYNE 46802	OTO	082
GENTLEMAN, JAMES, W, 12110 GRANT ST CROWN POINT 46307		174	GILBERT, ALAN, RUSS, 2200 LAKE AVE NO 150 BLDG FORT WAYNE 46805	D	082
GEORGE, CHAS, LESTER, 1121 E 80TH ST INDIANAPOLIS 46240	AN	134	GILBERT, ROBT, G, 15 CLIFTON HEIGHTS CANNELTON 47520	DR	222
GEORGE, JOHN, LAWRENCE, 8330 NAAB ROAD INDIANAPOLIS 46260	GS	134	GILKISON, WM, MINOR, 8242 S MADISON INDIANAPOLIS 46227	FP	134
GERDING, WM, JOHN, 5110 N CLINTON ST FORT WAYNE 46825	GP	082	GILL, HARBANS, SINGH, 605 WILSON CREEK ROAD LAWRENCEBURG 47025	IM	050
GERGESHA, EDWARD, ALEX, 211 N EDDY ST SOUTH BEND 46617	PD	258	GILLES, PIERRE, LOUIS, 2200 GRANT ST GARY 46404	OPH	174
GERIG, ELDON, LAVERN, 303 S MAIN ST MISHAWAKA 46544	GS	258	GILLESPIE, CHAS, F, 3266 N MERIDAN STE 302 INDIANAPOLIS 46208	OBG	134
GERRISH, DONALD, AIKMAN, 5206 CLINTON RD TERRE HAUTE 47805	GP	298	GILLESPIE, GARLAND, RAY, 210 N MAIN ST BROWNSTOWN 47220	GP	138
GERTH, ROBT, EDWARD, METHODIST HOSP DEPT RADIOLOG INDIANAPOLIS 46202	R	134	GILLESPIE, JACOB, EARL, 1246 CONSOLIDATED BLDG INDIANAPOLIS 46204	GP	134
GETTY, WM, HAYES, 421 CHESTNUT ST EVANSVILLE 47713	IM	296	GILLILAND, JOHN, EDWARD, R R 3 BOX 206 G FRANKLIN 46131	OBG	158
GEVIRTZ, MILTON, BERNARD, 10141 E BAY HARBOR DR MIAMI BEACH FL 33154	GS	174	GILLIM, PARVIN, DOUGLAS, 8402 HARCOURT RD INDIANAPOLIS 46260	OPH	134
GIBBS, JOS, WARREN, 445 MILL ST DANVILLE 46122	GP	118	GILLUM, EUGENE, MORIN, 522 W ARCH ST PORTLAND 47371	FP	146
GIBSON, ALOIS, E, 1250 CHESTER BLVD RICHMOND 47374	ORS	314	GILMAN, MARCUS, MANDLE, 301 174TH ST APT 2217 NORTH MIAMI BEACH FL 33160	OS	258
GIBSON, GRETA, MAXINE, 5744 BROADWAY TERR INDIANAPOLIS 46220	OS	134	GILMORE, ROBT, WM, 1715 BUFFALO ST MICHIGAN CITY 46360	PD	178
GIBSON, MILTON, EUGENE, 919 E JEFFERSON BLVD SOUTH BEND 46622	CD	258	GILMORE, RUSSELL, ADAMS, 1715 BUFFALO ST MICHIGAN CITY 46360	GP	178
GIBSON, ROBT, KEITH, 806 W JACKSON ST MUNCIE 47305	PD	062	GINGERICK, CHAS, MARVIN, BOX 208 LIBERTY CENTER 46766	GP	318
GICK, HERMAN, HENRY, 451 EASTERN AVE INDIANAPOLIS 46201	GP	134	GINSHERMAN, ABRAHAM, B, 1827 STATE ST NEW ALBANY 47150	GP	073
GLESTING, JEROME, RICHARD, 8112 QUINCY COURT FORT WAYNE 46815		082	GIORGIO, DOUGLAS, JOS, 916 S BURKHARDT RD EVANSVILLE 47715	AN	296

GIRAGOS,HENRY,G, 800 MAC ARTHUR BLVD NO 12 MUNSTER 46321	TS	174	GLOVER,JOHN,LEE, 6160 SUNSET LANE INDIANAPOLIS 46208	GS	134
GIRGIS,MEDHAT,HELMY, 2900 WEST 16TH ST BEDFORD 47421	IM	182	GLOVER,WM,J, 6111 HARRISON ST MERRILLVILLE IN 46410	GS	174
GIROD,ARTHUR,HENRY, RR 6 DECATUR 46733	GP	010	GLUCKIN,JAMES,ELLIS, 805 WEST MARION ELKHART 46514	OPH	070
GIROD,DONALD,ALFRED, MED CENTER INDIANAPOLIS 46202	PDC	134	GODERSKY,GEO,EDWIN, 912 E LA SALLE ST SOUTH BEND 46617	OBG	256
GISH,HOWARD,M, RR 2 DELPHI 46923	OS	286	GODERSKY,LOIS,GARNET S, 531 MAIN ST SOUTH BEND 46601	PTH	256
GITLIN,WM,AARON, 121 E MARKET ST BLUFFTON 46714	OM	318	GOEBEL,C,WM, 2828 FAIRFIELD AVE FORT WAYNE 46807	PDA	082
GIVEN,GILBERT,Z, 201 FRANCISCAN ROAD CROWN POINT 46307	PD	174	GOEL,ARUN,KUMAR, ROSS CLI-6111 HARRISON MERRILLVILLE 46410	IM	174
GIZE,RAYMOND,WALTER, 2200 LAKE AVE SUITE 150 FORT WAYNE 46805	DR	082	GOEL,SARLA,KANAL, 7895 BROADWAY MERRILLVILLE 46410	PD	174
GLACKMAN,JOHN,CLAY, MED CENTER BLDG ROCKPORT 47635	GP	270	GOHIL,JIVANLAL, REGIONAL MENTAL HELATH CTR 3500 LAFOUNTAIN ST KOKOMO 46901	P	098
GLANZMAN,NORMAN, 313 E CARMEL DR #C CARMEL 46032	FP	134	GOLD,MARVIN,E, 1005 CAMPBELL ST VALPARAISO 46363	ORS	230
GLASSLEY,STEPHEN,HERBERT, 3010 E STATE FORT WAYNE 46605	GP	082	GOLDBERG,HAROLD,BENJ, 3656 GRANT ST GARY 46406	OS	174
GLAZER,BARRY,M, 502 AMERICAN BANK BLDG VINCENNES 47591	AN	162	GOLDBURG,BURT,RICHARD, 711 RIVER ROAD MARION 46952	OTO	098
GLAZIER,JOSEPH,G, 303 SOUTH MAIN ST BLUFFTON 46714	AN	318	GOLDEN,WM,YOUNG, 914 SPRINGDALE JEFFERSONVILLE 47130	GP	034
GLENDENING,RICHARD,L, 8 CHASE PARK LOGANSPOET 46947	GP	030	GOLDENBERG,DAVID,BARRON, 1815 N CAPITOL INDIANAPOLIS 46202	R	134
GLOCK,DOUGLAS,E, 704 RIVER DRIVE MARION 46952	ORS	098	GOLDENBERG,MITCHELL,E, 7550 HOHMAN AVE MUNSTER 46321	PS	174
GLOCK,HUGH,EDWIN, 239 HILLSDALE GREENCASTLE 46135	GS	242	GOLDING,ROBT,FISCHER, P O BOX 8246 MERRILLVILLE 46410	AN	174
GLOCK,MAURICE,E, 1488 THE MANORS AVON PARK FL 33825	IM	082	GOLDMAN,SAML, 426 WOODMERE DR INDIANAPOLIS 46260	FP	134
GLOCK,STEVEN,R, 5050 CLINTON ST FORT WAYNE 46825	ORS	082	GOLDSMITH,DAVID,A, 2711 RIVER RD MARION 46952	IM	098

GOLDSTEIN,RICHARD,M, GOODMAN CLINIC CHARLESTOWN 47111	GS	034	GOOTEE,THOS,H, 501 CLAY ST JASPER 47546	GP	066
GOLDSTONE,ADOLPH, 3229 BROADWAY GARY 46409	GP	174	GORDON,JAMES,DAVID, 5490 BROADWAY PLAZA MERRILLVILLE 46410	D	174
GOLDSTONE,JOS, 10777 W SAMPLE RD CORAL SPRINGS FL 33065	GP	174	GORDON,JOS,LESTER, WHEELER 46393	GP	230
GOLDSTONE,SIDNEY,RICHARD, 535 W 35TH AVE GARY 46408	FP	174	GORDON,MARK, 7905 CALUMET AVE MUNSTER 46321	D	174
GOLDYN,RICHARD,ALAN, 303 METHODIST BLDG SHELBYVILLE 46176	ORS	266	GORDON,ROGER,DREW, 110 RIDGE ROAD MUNSTER 46321	FP	174
GOLPER,MARVIN,NORMAN, 1907 W SYCAMORE ST KOKOMO 46901	R	126	GORELIK,MARCOS, 110 RIDGE ROAD MUNSTER 46321	PDA	174
GOMEZ,CESAR,MORALES, 9429 NORTH COTE AVE MUNSTER 46321	GP	174	GORMLEY,JOS,JAMES, 2372 LAFAYETTE RD INDIANAPOLIS 46222	GP	134
GONZALES,SESINANDO,A, 2513 HIGHWAY AVE HIGHLAND 46322	OBG	174	GOSMAN,JAMES,HUBERT, 1815 N CAPITOL INDIANAPOLIS 46202	D	134
GONZALEZ LAGO,RAUL,C, 2900 W 16TH ST BEDFORD 47421	DR	182	GOSSARD,JOHN,M, 2525 SOUTH STREET LAFAYETTE 47904	ORS	286
GONZALEZ,ALFREDO,B, 1600 ALBANY ST CENTER BLDG ST FRANCIS HOSP 4TH FLOOR BEECH GROVE 46107	GS	134	GOSSARD,MEREDITH,B, 308 N INDEPENDENCE ST TIPTON 46072	GP	290
GOOD,RICHARD,PETERSON, 1805 MONROE WEST KOKOMO 46901	OTO	126	GOSSOM,DONN,ROBERTS, 825 N 3RD ST TERRE HAUTE 47807	GS	298
GOODE,ROBT,JAMES, U S 35 SOUTH KNOX 46534	GP	274	GOULD,JOHN,C C, 2424 FAIRFIELD FORT WAYNE 46807	GYN	082
GOODELL,CHAS,LEEPER, 308 WHITE RIBER BLVD MUNCIE 47303	NS	062	GOURIEUX,EDWARD,DE VERRE, 370C BELLEMEADE SUITE 120 EVANSVILLE 47715	GP	296
GOODMAN,ELI, 807 HIGH ST CHARLESTOWN 47111	GP	034	GRABER,ALVIN,RAY, 357 N NAPPANEE ST NAPPANEE 46550	GP	070
GOODMAN,HUBERT,THORMAN, 220 GARDENDALE RD TERRE HAUTE 47803	PH	298	GRABER,BENJ,ROBT, FAMILY DOCTOR CLINIC WATERLOO 46793	GP	058
GOODMAN,JULIUS,M, 1815 N CAPITOL INDIANAPOLIS 46202	NS	134	GRABER,DONALD,D, 2600 OAKLAND AVE OAKLAWN CENTER ELKHART 46514	P	070
GOODWIN,THOS,GERALD, 6111 HARRISON MERRILLVILLE 46410	GP	174	GRABER,MARTIN,J, 101 N 17TH AVE BEECH GROVE 46107	FP	134
GOOTEE,FRANCIS,HUGH, 501 CLAY ST JASPER 47546	FP	066	GRABER,RICHARD, R R #2 PAOLI 47454	FP	210

GRABER,VIRGIL,R, 1400 HUDSON ST ELKHART 46514	OBG	070	GRAY,HOWARD,R, 8801 N MERIDIAN ST SUITE 209 INDIANAPOLIS 46260	D	134
GRABOW,EMIL,FRANCIS, 7905 CALUMET AVE MUNSTER 46321	OPH	174	GRAY,KENNETH,LEE, 2727 N HIGH SCHOOL RD SPEEDWAY 46224	FP	134
GRAF,JEROME,ALEXANDER, 227 W MECHANIC ST BLOOMFIELD 47424	AN	102	GRAY,LEON, 260 EAST MORGAN ST MARTINSVILLE 46151	IM	202
GRAF,JOHN,PAUL, 53260 PLACID DR SOUTH BEND 46637	AN	258	GRAY,STUART,ALLEN, 2212 W MC GALLIARD MUNCIE 47304	OS	062
GRAF,RUSSELL,ENOCH, 1110 HIGHLAND PARK CIRCLE BLUFFTON 46714	R	318	GRAY,WAYNE,LEE, 3729 W JACKSON MUNCIE 47304	CD	062
GRAFFIS,RICHARD,FRED, 1815 N CAPITOL INDIANAPOLIS 46202	GS	134	GRAYSON,FRED,EDWIN, 513 RIDGE RD MUNSTER 46321	U	174
GRAHAM,GEO,M, VILLA NO 5 5860 MIDNIGHT PASS RD SARASOTA FL 33581	OM	082	GRAYSON,MERRILL, I U MEDICAL CENTER INDIANAPOLIS 46202	OPH	134
GRAHAM,JAMES,CLARENCE, 1834 S LAFAYETTE FORT WAYNE 46803	GP	082	GRAYSON,TED,LINDSAY, 2020 W 86TH ST SUITE 301 INDIANAPOLIS 46260	GS	134
GRAHAM,JOHN,DOUGLAS, 1500 ALBANY STREET NO 912 BEECH GROVE 46107	IM	134	GREEN,EDWARD,WHITMAN, 421 CHESTNUT ST EVANSVILLE 47713	PD	296
GRAHAM,NELSON,VERE, 3700 WASHINGTON AVE EVANSVILLE 47750	OBG	296	GREEN,FRANK,HAROLD, 134 E 2ND ST RUSHVILLE 46173	GP	254
GRAHAM,WM,EUGENE, 8402 N HARCOURT RD INDIANAPOLIS 46260	OBG	134	GREEN,GEO,F, 601 JMS BLDG SOUTH BEND 46601	GS	258
GRAINGER,JAMES,LEWIS, 919 EAST JEFFERSON SOUTH BEND 46622	R	258	GREEN,GEO,RICHARD, 601 J M S BLDG SOUTH BEND 46601	GS	258
GRANDA,ARMANDO,BERNARDO, 3100 SUSAN DRIVE KOKOMO 46901	AN	126	GREEN,JAN,C, 513 NORTH MICHIGAN ST SOUTH BEND 46601	U	258
GRANT,BENJ,FRANKLIN, 1706 BROADWAY GARY 46407	GP	174	GREEN,LEONARD,JUDSON, 1005 CAMPBELL VALPARAISO 46363	GP	230
GRANT,M,ARTHUR, BOX 1088 MARION 46952	AN	098	GREEN,MORRIS, I U MEDICAL CENTER INDIANAPOLIS 46202	PD	134
GRANT,PHYLLIS,ANN FENN, 530 S MAIN NEW CASTLE 47362	FP	122	GREEN,NORVAL,E, 513 NORTH MICHIGAN ST SOUTH BEND 46601	U	258
GRAVES,NOEL,S, MADISON CLINIC MADISON 47250	GP	150	GREEN,OSCAR, P O BOX 40506 INDIANAPOLIS 46240	OTO	134
GRAVES,ORVILLE,M, 125 W WALNUT ST PRINCETON 47670	GP	094	GREEN,ROBT,F, 614 W BERRY ST FORT WAYNE 46802	P	082

GREEN,WM,DOUGLAS, 221 S SIXTH ST TERRE HAUTE 47807	PD	298	GRIEST,WALTER,DIXON, 3024 FAIRFIELD AVE FORT WAYNE 46807	PTH	082
GREENBERG,BURTON,HOWARD, 4321 FIR ST EAST CHICAGO 46312	CD	174	GRIFFIN,CHAS,G, 1101 GLENDALE VALPARAISO 46383	GS	230
GREENE,MORGAN,E, 2014 WINCHESTER DR INDIANAPOLIS 46227	PUD	134	GRIFFIN,JOS,PATRICK, 419 JACKSON BLVD CHESTERTON 46304	A	230
GREENE,ROBT,WILKINS, 119 E GRACE ST RENSSELAER 47976	GP	142	GRIFFIN,LESLIE,WM, 3203 W 57TH ST INDIANAPOLIS 46208	OM	134
GREENE,WM,RAY, 1220 MISSOURI AVE JEFFERSONVILLE 47130	EM	034	GRIFFITH,HAROLD,RILEY, 1913 FOREST PARK BLVD FORT WAYNE 46805	R	082
GREENLEE,JAMES,ROBT, 236 SIMPSON ELKHART 46514	GYN	070	GRIFFITH,JOEL,HAROLD, 2601 NORTH WALNUT ST BLOOMINGTON 47401	P	214
GREENLEE,JOS,ALAN, 439 WATER ST KENDALLVILLE 46755	GS	206	GRIFFITH,RICHARD,S, 2002 CUNNINGHAM RD INDIANAPOLIS 46224	OS	134
GREENLEE,ROBT,L, 909 E STATE BLVD FORT WAYNE 46805	CHP	082	GRILLO,DONALD, 214 SHERLAND BLDG SOUTH BEND 46601	CRS	258
GREENWOOD,CHAS,WALTER, 380 PLAZA DRIVE SUITE D COLUMBUS 47201	IM	014	GRIMES,EVA,M, 6001 BUCKSKIN CIRCLE INDIANAPOLIS 46250	DR	134
GREGOLINE,EUGENE,PAUL, 8127 MERRILLVILLE ROAD MERRILLVILLE 46410	OBG	174	GRIMES,HUBERT,N, 5516 E 21ST INDIANAPOLIS 46218	PD	134
GREGORY,ROBT,LEON, 5506 E 16TH INDIANAPOLIS 46218	DIA	134	GRIMM,WM,CHAS HERBERT, 421 CHESTNUT ST EVANSVILLE 47713	IM	296
GREIDER,LESTER,S, 10 ELDER COURT LAFAYETTE 47905	GPM	286	GRIPE,RICHARD,PUTNAM, 2600 GREENBUSH ST LAFAYETTE 47902	CD	286
GREISEN,JACK,CHAS, 2075 INDIANAPOLIS BLVD WHITING 46394	GP	174	GRISELL,TED,LEWIS, 5317 E 16TH ST INDIANAPOLIS 46218	GS	134
GREIST,JOHN,H, 3231 N MERIDIAN INDIANAPOLIS 46208	P	134	GRISELL,TED,WOOD, R R 1 BOX 812 CARMEL 46032	CDS	134
GRIEF,ROBT,STEELE, 2302 E TROY INDIANAPOLIS 46203	GP	134	GROSFELD,JAY,L, 1100 W MICHIGAN ST RILEY HOSP INDIANAPOLIS 46202	PDS	134
GRIEP,ARTHUR,H, 5414 MADISON AVE EVANSVILLE 47715	CD	296	GROSS,JOS,OSCAR, 7905 CALUMET AVE MUNSTER 46321	PD	174
GRIEP,JOHN,ARTHUR, 1100 W MICHIGAN ST INDIANAPOLIS 46202	PTH	134	GROSSO,WM,GEO, 1919 E COLUMBUS DR EAST CHICAGO 46312	GP	174
GRIES,RICHARD,LAWRENCE, R R 1 HAVEN DR HAUBSTADT 47639	FP	296	GROSZ,HANUS,JIRI, IND UNIV MED CTR PSY RES INDIANAPOLIS 46202	P	134

GROTHOUSE,CARL,B, 400 S BERKLEY RD KOKOMO 46901	ORS	I26	GUTTMAN,JOHN,BECK, BOX I46 WAKARUSA 46573	GP	070
GROVE,DEAN,ALLEN, 3411 BRIAR CIRCLE CARMEL 46032	GER	I34	GUTWEIN,GILBERT, 2525 SOUTH ST LAFAYETTE 47904	ORS	286
GRUBER,CHAS,M, MARION CO GENERAL HOSPITAL INDIANAPOLIS 46202	OS	I34	GUZMAN,MARCELINO,F, 331 W BEAVER ST MOROCCO 47963	GP	204
GUCKIEN,JOS,LAWRENCE, 611 HARRIET ST EVANSVILLE 47710	OPH	296	HA,YOUNG,JAE, 604 N MICHIGAN ST SOUTH BEND 46601	AN	258
GUEVARA,FRENITA,BERNAL, MARION HOSPITAL MARION 46952	GP	098	HAAS,CHAS,F, 2500 FERRY LAFAYETTE 47904	D	286
GUEVARA,TEODORO,G, 1251 KEM ROAD MARION 46952	IM	096	HAAS,RAY,ALLAN, 120 WEST MC KENZIE GREENFIELD 46140	FP	110
GUHA,DURGA,DAS, 225 ELM ST CLINTON 47842	GS	218	HABANSKY,ALAN,J, 412 WHITERIVER PKWY MUNCIE 47302	ORS	062
GUILD,J,KENT, 116 E WASHINGTON ST PLYMOUTH 46563	GP	I90	HABBE,TIMOTHY,ALAN, 822 WEST 1ST ST BLOOMINGTON 47401	U	214
GUIN,JERE,DONALD, 804 S BERKLEY RD KOKOMO 46901	D	I26	HABEGGER,ELMER,D, 8330 NAAB ROAD INDIANAPOLIS 46260	GS	I34
GUINIGUNDO,NOLI,C, HIDDEN VALLEY LANE RR 4 BROOKVILLE 47012	FP	074	HABERMEL,JOHN,FRANKLIN, 908 SPRING ST NEW ALBANY 47150	CD	078
GUMBERT,JACK,LEE, 5010 RIVIERA CT FORT WAYNE 46805	GS	082	HACHMEISTER,CHAS,WM, 611 HARRIET ST EVANSVILLE 47710	GP	296
GUNDERSON,SHAUN,DENNIS, 60301 C R 19 GOSHEN 46526	R	070	HACKETT,WALTER,GEO, 3610 BROOKLYN AVE FORT WAYNE 46807	GP	082
GUSTAFSON,MILTON,HENRY F, 2606 W JACKSON ST MUNCIE 47303	D	062	HADDAD,ROLANDO,IGNACIO, 207 WEST 13TH ST JEFFERSONVILLE 47130	P	034
GUSTAITIS,JOHN,WM, 7905 CALUMET AVE MUNSTER 46321	DR	I74	HADDAWI,RAJIH,Y, 811 W SECOND ST BLOOMINGTON 47401	ORS	214
GUTHRIE,JAMES,ROBT, 100 N 15TH ST RICHMOND 47374	IM	314	HADEY,JAMES,H, 6111 HARRISON ST MERRILLVILLE 46410	OBG	I74
GUTHRIE,JAMES,U, 331 W 3RD ST PERU 46970	GS	I94	HADIDIAN,HENRY,ARAM, 3680 A 179TH ST HAMMOND 46323	CDS	I74
GUTIERREZ,PETER,EMANUEL, 12110 GRANT CROWN POINT 46307	GP	I74	HADLEY,DAVID, 5601 N PENNSYLVANIA INDIANAPOLIS 46220	ORS	I34
GUTMANN,GORDON,LIEBREICH, 207 SPARKS AVE JEFFERSONVILLE 47130	GS	034	HADLEY,DAVID,M, 301 S EAST ST PLAINFIELD 46168	FP	118

HAFFNER, HERMAN, GEO, 202 E JEFFERSON ST FORT WAYNE 46802	D	082	HALFAST, RICHARD, W, 400 S BERKLEY RD KOKOMO 46901	ORS	126
HAGAN, MARION, LUTHER, 307 MAIN ST FRENCH LICK 47432	GP	210	HALL, BERNARD, RICHARD, 1201 MICHIGAN AVE STE D LOGANSPORT 46947	OBG	030
HAGENOW, CHAS, FREDERICK, 66 KESTON ELM DR LA PORTE 46350	FP	178	HALL, DONALD, LURVE, 701 NORTH 7TH ST PETERSBURG 47567	FP	226
HAGERMAN, LAWRENCE, CHILDLIFE CENTE P O BOX 389 CROWN POINT 46307	PD	174	HALL, JACK, HUETT, METHODIST HOSPITAL INDIANAPOLIS 46202	CD	134
HAGGARD, DAVID, BENSON, 301 S EAST ST PLAINFIELD 46168	GP	118	HALL, JAMES, MALCOLM, 914 E JEFFERSON BLVD SOUTH BEND 46617	OPH	258
HAGGERTY, FRED, EMMETT, 600 N ARLINGTON STE E GREENCASTLE 46135	GP	242	HALL, THOS, CHAS, 621 BROADWAY CHESTERTON 46304	GP	230
HAGUE, JOHN, MAURICE, 8330 NAAB ROAD INDIANAPOLIS 46260	RHU	134	HALL, WM, RICHARD, 5800 FAIRFIELD AVE WORTHMAN MALL NO 150 FORT WAYNE 46807	AN	082
HAHN, JOHN, JOONYONG, 316 SHERLAND BLDG SOUTH BEND 46601	AN	258	HALLAL, ELI, 2580 CHARLESTOWN ROAD NEW ALBANY 47150	GP	078
HAHN, PAUL, SANGHO, 7550 HOHMAN AVE MUNSTER 46321	R	174	HALLECK, HAROLD, JEROME, 119 W MAIN ST WINAMAC 46996	GP	238
HAICK, EDWARD, 3116 RUNNYMEDE ROAD LOUISVILLE KY 40222	R	262	HALLER, RICHARD, CARL, 5717 SOUTH ANTHONY AVE FORT WAYNE 46806	N	082
HAINES, DAVID, W, 2235 DUBOIS DR WARSAW 46580	GP	166	HALLER, ROBT, LEWIS, KEMPTON CLINIC KEMPTON 46049	GP	290
HAKAMI, MOHAMED, TAGHI, HUNTINGBURG CLINIC HUNTINGBURG 47542	OBG	066	HALUM, RAMON, GAYLON, 800 MAC ARTHUR BLVD SUITE 1 MUNSTER 46321	U	174
HALABY, FOUAD, ASSAD, 700 BROADWAY FORT WAYNE 46802	R	082	HAMAKER, RONALD, CLAIR, 9355 COOPER RD R R 2 BOX 201 ZIONSVILLE 46077	HNS	134
HALBROOK, HAROLD, G, 1815 NORTH CAPITOL AVE INDIANAPOLIS IN 46202	GS	134	HAMANG, PETER, MICHAEL, 904 W RIDGE RD HOBART 46342	GS	174
HALE, BRADFORD, R, 1815 N CAPITOL AVE INDIANAPOLIS 46202	N	134	HAMBURGER, RICHARD, JAMES, 1100 W MICHIGAN ST INDIANAPOLIS 46202	NEP	134
HALEY, ALVIN, JOHN, 3217 LAKE AVE FORT WAYNE 46805	FP	082	HAMER, JOHN, LELAND, 4233 E STATE ST FORT WAYNE 46805	PD	170
HALEY, GEO, MATSON, 220 SHERLAND BLDG SOUTH BEND 46601	U	258	HAMILTON, CHAS, O, 604 N MICHIGAN SOUTH BEND 46601	AN	258
HALEY, PAUL, EDWARD, 301 LE BLVD DE LA PAIR 2901 SOUTH BEND 46615	GS	258	HAMILTON, EMORY, D, 5800 FAIRFIELD STE 150 FORT WAYNE 46607	AN	082

HAMILTON,GEO,MILTON, 3124 E STATE BLVD FORT WAYNE 46805	IM	082	HANNAH,JOE,MICHAEL, 4025 ROMMEL DRIVE INDIANAPOLIS 46208	PD	134
HAMILTON,JAMES,ROBT, 111 S 7TH ST MITCHELL 47446	GP	182	HANNEKEN,VINCENT,JOHN, 400 ASH ST WABASH 46992	GP	302
HAMILTON,THOS,G, BOX 508 COLUMBIA CITY 46725	GP	326	HANNEMANN,ROBT,EARL, 2600 GREENBUSH ST LAFAYETTE 47902	PD	286
HAMM,CHAS,W, 3566 W 71ST INDIANAPOLIS 46268	PD	134	HANSELL,CHAS,EARL, 3367 LAUREL WAY BEALE AFB CA 95903	FP	082
HAMMEL,HOWARD,TRUE, R R 2 SPRINGVILLE 47462	GP	182	HANSEN,J,MICHAEL, MARGARET MARY COMMUNITY HOSP MITCHELL ROAD BATESVILLE 47006	FP	250
HAMMER,JAY,WM, 1323 E 1ST ST BLOOMINGTON 47401	R	214	HANSEN,NIKOLAS,FORBES, VALPARAISO MEDICAL ARTS CENTER 2102 EAST EVANS AVE VALPARAISO 46383	FP	230
HAMMER,MICHAEL, 7018 INDIANAPOLIS BLVD HAMMOND 46324	OBG	174	HANSON,MARTIN,F, 100 N 1ST ST ELWOOD 46036	GP	186
HAMMERSLEY,GEO,K, 1201 S OAK ST FRANKFORT 46041	GS	042	HARCOURT,ROBT,SHAW, 1915 N CAPITOL AVE INDIANAPOLIS 46202	HS	134
HAMMITT,KARLEEN,BASCOM, MADISON STATE HOSPITAL MADISON 47250	P	150	HARDEN,MURRAY,E, 401 SHARON RD WEST LAFAYETTE 47906	OBG	286
HAMMOND,R,CASE, 611 HARKIET ST APT 504 EVANSVILLE 47710	U	296	HARDESTY,WILLIAM,P, 515 READ ST EVANSVILLE 47710	IM	296
HAMMOND,STANLEY,MEAD, 7905 CALUMET AVE MUNSTER 46321	P	174	HARDIN,STEPHEN,LEE, R R 8 FOXCLIFF ESTATES MARTINSVILLE 46151		202
HAMPSHIRE,DONALD,ROSS, 955 NORTH PENNSYLVANIA ST INDIANAPOLIS 46204	GP	134	HARDIN,WAYNE,EMERSON, 102 METTS ST OSSIAN 46777	GP	318
HAMPTON,JAMES,NICHOLS, 530 N MICHIGAN ST ARGOS 46501	GP	190	HARDING,JOHN,SCOTT, 3533 SPRINGBROOK DR SOUTH BEND 46614	DR	258
HAN,DANL, 12317 KINGFISHER RD CROWN POINT 46307	PTH	174	HARDING,M,RICHARD, 8801 NORTH MERIDIAN ST NO 107 INDIANAPOLIS 46260	OPH	134
HANKIN,LAWRENCE,G, 110 RIDGE ROAD MUNSTER 46321	U	174	HARE,DANL,M, 5029 LINCOLN AVE EVANSVILLE 47715	U	296
HANN,ELDON,C, 1815 N CAPITOL INDIANAPOLIS 46202	NS	134	HARE,FRANCIS,WILLIAMS JR, 722 W MAIN ST MADISON 47250	IM	150
HANNA,THOS,ALLEN, 1608 N LYNTHURST DR SPEEDWAY 46224	GP	134	HARE,LAURA, 87 W 43RD ST INDIANAPOLIS 46208	IM	134
HANNAH,JACK,WM, 1906 E JACKSON BLVD ELKHART 46514	AN	070			

HARGER,ROBT,WM, 115 NORTH PENN INDIANAPOLIS 46204	OPH	134	HARRIS,PAUL,NOEL, 4114 E 65TH ST INDIANAPOLIS 46220	PTH	134
HARGETT,HERBERT,P, 438 SPRING ST JEFFERSONVILLE 47130	OPH	034	HARRIS,ROBT,LEE, 801 ST MARYS DR SUITE 305 ST MARY MED BLDG EVANSVILLE 47715	FP	296
HARGETT,ISAAC,REYNOLDS, 421 CHESTNUT ST EVANSVILLE 47713	PD	296	HARRIS,WM,DUANE, 27 CAMDEN COURT EVANSVILLE 47715	AN	296
HARGROVE,TERRY,KENT, 1201 MICHIGAN AVENUE LOGANSPOET 46947	IM	030	HARSHMAN,JAMES,ALAN, ST JOSEPH HOSP KOKOMO 46901	PTH	126
HARLESS,CLARENCE,MINOR, 445 FRANKLIN ST CHESTERTON IN 46304	GP	230	HARSHMAN,LOUIS,POTTER, 1555 N MAIN ST FRANKFORT 46041	P	082
HARLESS,O,FRED, 104 SUMMIT MONROEVILLE 46773	EM	082	HARSTAD,CASPER, 216 W HIGH ST ROCKVILLE 47872	GP	218
HARLOWE,STUART,E, 15 TRIMINGHAM RD NEW ALBANY 47150	U	078	HART,ROBT,BRUCE, 915 WASHINGTON ST COLUMBUS 47201	GP	014
HARMAN,ROBERT,E, 531 NORTH MAIN ST SOUTH BEND 46601	PTH	258	HARTER,ELI,BLAIR, 918 KING ST LAFAYETTE 47905	AM	286
HARMON,CARL,JOS, 311 MED ARTS BLDG RICHMOND 47374	GP	314	HARTLEY,CLARENCE,A, 221 CHESTNUT ST EVANSVILLE 47713	GP	296
HARMON,THOS,MAITLAND, R R 8 BROWNING RD EVANSVILLE 47711	R	296	HARTMAN,CLAUDE,EDWARD, 515 NORTH RIVERSIDE DR ELKHART 46514	OBG	070
HARNDEN,HURLBUT,L, 426 E MAIN ST MADISON 47250	GS	150	HARTMAN,JOHN,J, 909 W MAUMEE ST ANGOLA 46703	ABS	276
HARNED,BEN,K, 421 CHESTNUT ST EVANSVILLE 47713	GS	296	HARTSOUGH,RALPH,I, 24078 STANTON RD NORTH LIBERTY 46554	EM	258
HARPER,JAMES,WINSTON, 2303 CALUMET DR EAST CHICAGO 46312	GP	174	HARTZ,F,MINTON, 7321 TAYLOR EVANSVILLE 47715		296
HARRIS,C,GLENN, 403 E MADISON ST SOUTH BEND 46617	P	258	HARVEY,BENNETT,BROWN, 2500 FERRY ST LAFAYETTE 47904	PTH	286
HARRIS,CARL,BENJ, 833 W MAIN ST CARMEL 46032	OPH	134	HARVEY,DAVID,M, 716 SEBERGER DR MUNSTER 46321	ORS	174
HARRIS,GEO,F, HILLTOP MED CTR MADISON 47250	GP	150	HARVEY,HARRY,C, METHODIST HOME FRANKLIN 46131	OS	082
HARRIS,JAMES,JAY, 3217 LAKE AVE FORT WAYNE 46805	FP	082	HARVEY,JOHN,CHRISTIE, 405 S MAIN ST AUBURN 46706	GP	058
HARRIS,NEIL,REVERE, 307 S 7TH ST GOSHEN 46526	GP	070	HARVEY,RALPH,JOHNS, 95 S 3RD ST ZIONSVILLE 46077	GPM	022

HARVEY,VERNE,K, RR 2 BOX 292 ZIONSVILLE 46077	GPM	022	HAUGHN,JAMES, 645 N SPRING ST WABASH 46992	FP	302
HARVEY,VERNE,K, 3601 WEST 69TH ST INDIANAPOLIS 46268	PH	134	HAUGSETH,ELLSWORTH,K, 820 N IRONWOOD SOUTH BEND 46615	ORS	258
HASEWINKEL,CARROLL,WEBER, R D 2 BOX 354 CARMEL 46032	AN	134	HAUN,RONALD,L, 715 FIRST AVE EVANSVILLE 47710	PD	296
HASEWINKLE,AUGUST,M, 2828 E STATE BLVD FORT WAYNE 46805	1M	082	HAVENS,A,LYLE, 207 SPARKS AVE JEFFERSONVILLE 47130	GP	034
HASHEMI,HOSSEIN, 602 S BUFFALO WARSAW 46560	GS	166	HAVENS,RUSSELL,E, 3721 INWOOD DR FORT WAYNE 46805	AN	082
HASLEM,JOHN,ROBT, 221 S 6TH ST TERRE HAUTE 47807	GS	298	HAVENS,THOS,R, 207 SPARKS AVE JEFFERSONVILLE 47130	P	034
HASS,CAROLINE,E HALL, 316 N SALISBURY WEST LAFAYETTE 47906	GP	286	HAWES,MARVIN,E, R R 1 BOX 59 HOPE 47246	CD	014
HASS,THOS,W, 316 N SALISBURY WEST LAFAYETTE 47906	OBG	286	HAWK,EDGAR,A, 7328 HUNTINGTON RD INDIANAPOLIS 46240	AN	134
HASSEL,WALTER,BETHEL, 3712 HERNDON DR EVANSVILLE 47711	OBG	296	HAWK,JAMES,HUBER, 26 WEST LAVEROCK ROAD INDIANAPOLIS 46208	OBG	134
HASTINGS,WARREN,C, 2120 CAREW ST FORT WAYNE 46805	NS	082	HAWKINS,RICHARD,DALE, EDGEWOOD CLINIC BEDFORD 47421	PD	182
HASWELL,JOHN,NOBLE, 607 DU BUIS ST VINCENNES 47591	OBG	162	HAY,GENE,R, 1225 E COOLSPRING AVE MICHIGAN CITY 46360	1M	178
HATCHER,CHAS,MONTÉ, 2127 DOCTORS PARK DR COLUMBUS 47201	FP	014	HAYES,THEODORE,R, 520 W MAIN ST MUNCIE 47305	U	062
HATFIELD,NICHOLAS,W, 5851 E 54TH PL INDIANAPOLIS 46226	OS	134	HAYES,THOS,P, DEACONESS HOSP EVANSVILLE 47710	TR	296
HATHAWAY,CLAYTON,B, 1005 NICHOLAS ST AUBURN 46706	GP	058	HAYHURST,THOS,ELDON, 2826 FAIRFIELD AVE FORT WAYNE 46807	PUD	082
HATHAWAY,WM,HENRY, 1005 NICHOLAS ST AUBURN 46706	GP	058	HAYMOND,GEO,M, 2251 DUBOIS DR WARSAW 46580	GS	166
HATHWAY,STEPHEN,DALLAS, 531 NORTH MAIN ST SOUTH BEND 46601	PTH	258	HAYMOND,JOS,LAYTON, 301 E 38TH ST INDIANAPOLIS 46205	PTH	134
HATTENDORF,A,PAUL, 4041 OLD MILL ROAD FORT WAYNE 46807	PH	082	HAYNES,JOHN,THOS, 1815 N CAPITOL INDIANAPOLIS 46202	A	134
HAUERSPERGER,ALFRED,D, 2756 25TH ST COLUMBUS 47201	OPH	014	HAZELRIGG,DONALD,EDWIN, 421 CHESTNUT ST EVANSVILLE 47713	D	296

HEALEY,ROBT,J, 5559 WASHINGTON BLVD INDIANAPOLIS 46220	GE	134	HEISER,ERVIN,WM, 1400 HUDSON ST ELKHART 46514	OBG	070
HEALY,CORNELIUS,EDWARD, 421 CHESTNUT ST EVANSVILLE 47713	PD	296	HELD,GEO,ARTHUR, 51 PINE DR-CHRISTMAS LAKE VILL SANTA CLAUS 47579	GP	066
HEATON,ELTON, 1950 VALLE VISTA CT MADISON 47250	PTH	150	HELMEN,CHAS,H, 5269 ROLAND DR INDIANAPOLIS 46208	R	134
HEAVRIN,JOHN,SLOAN, 1630 S OHIO ST MARTINSVILLE 46151	OBG	202	HELMER,JOHN,FRANCIS, 2116 AMERICAN NATL BANK BLDG SOUTH BEND 46601	GS	258
HECK,LARRY,LEE, 2103 WHITEWOOD COURT INDIANAPOLIS 46260	NM	134	HELMS,CHAS,EDWARD, 110 RIDGE RD MUNSTER 46321	GS	174
HECKAMAN,EDWARD,LENTZ, RICHMOND STATE HOSP RICHMOND 47374	OS	314	HELVESTON,EUGENE,M, INDIANA UNIV MED CENTER INDIANAPOLIS 46202	OPH	134
HEDGCOCK,ROBT,ANDREW, 259 E CLINTON ST FRANKFORT 46041	GP	042	HELVIE,JANICE,L, DOCTORS PARK NO 2 COLUMBUS 47201	GPM	014
HEDRICK,JAMES,T, 2200 GRANT ST GARY 46404	GP	174	HEMPHILL,ROGER,ANDREW, 7607A SOMERSET BAY INDIANAPOLIS 46240		098
HEDRICK,PHILIP,WM, 1221 E 86TH ST INDIANAPOLIS 46240	PD	134	HENDERSHOT,EUGENE,L, 401 S E 6TH ST EVANSVILLE 47713	R	296
HEGEMAN,THEODORE,FAYNE, 12204 CASTLE ROW OVERLOOK CARMEL 46032	IM	134	HENDERSON,NORMAN,CHAS, P O BOX 586 MICHIGAN CITY 46360	OTO	178
HEHEMANN,WM,VINCENT, 7905 CALUMET AVE MUNSTER 46321	FP	174	HENDERSON,RAMON,ADAIR, 806 W JACKSON ST MUNCIE 47305	PD	062
HEID,GEO,J, 2500 FERRY ST LAFAYETTE 47904	FOP	286	HENDERSON,ROSCOE,C, 101 E 34TH ST INDIANAPOLIS 46205	GP	134
HEIDEMAN,HARRY,DAVID, 1220 MISSOURI AVE JEFFERSONVILLE 47130	R	034	HENDERSON,TERRY,LYNN, 8330 NAAB RD INDIANAPOLIS 46260	FP	134
HEILMAN,WM,CLYDE, 1007 NORTH 16TH ST NEW CASTLE 47362	GP	122	HENDRICKS,FRED,ARTHUR, 6917 N KEYSTONE INDIANAPOLIS 46220	FP	134
HEIMBURGER,IRVIN,LE ROY, 611 HARRIET ST STE 501 EVANSVILLE 47710	TS	296	HENDRIX,CHAS,E, PO BOX 686 VINCENNES 47591	IM	162
HEINLEIN,CARL,LORISTON, 155 WEST MARION ST DANVILLE 46122	GP	118	HENN,RAY,ANTHONY, 137 W MICHIGAN ST GREENFIELD 46140	GP	110
HEINRICH,WESTON,A, 314 S E RIVERSIDE DR EVANSVILLE 47713	GS	296	HENNESSEE,SAML,DENNIS, 11627 FOREST DR CARMEL 46032	FP	134
HEINSEN,CHAS,EDWARD, 613 TIPPECANOE DR WINAMAC 46996	GP	238	HENRICH,CARTER,F, 419 WEST FIRST ST BLOOMINGTON 47401	IM	214

HENRY, ALVIN, L, P O BOX 264 COLUMBUS 47201	OPH	014	HERRING, MALCOLM, B, 2001 W 86TH ST INDIANAPOLIS 46260	GS	134
HENRY, HOWARD, JENNINGS, 107 S MAIN ST KNOX 46534	GS	274	HERRMANN, GORDON, T, 3700 BELLEMEADE AVE EVANSVILLE 47715	IM	296
HENRY, RUSSELL, SELDON, 4715 RYDAL COURT INDIANAPOLIS 46254	PUD	134	HERSHBERGER, PHILIP, G, 2609 FAIRFIELD AVE FORT WAYNE 46807	ORS	082
HENSLEY, BENTON, MOSES, 1415 RAIBLE AVE ANDERSON 46011	GP	186	HERZBERG, MILTON, 222 ELM ST CLINTON 47842	GP	218
HENSLEY, HARRY, THOS, 11929 E 65TH ST OAKLANDON 46236	GP	110	HERZER, CLARENCE, C, 211 EAST MILL RD EVANSVILLE 47711	GP	296
HEPNER, HERMAN, 705 N STATE ST KENDALLVILLE 46755	GP	206	HESS, PAUL, PATRICK, 1313 RIDGEWAY NEW ALBANY 47150	PD	078
HERBST, JERRY, 221 S 6TH ST TERRE HAUTE 47807	U	298	HEUBI, JOHN, E, 6904 N PARK AVE INDIANAPOLIS 46220	PD	134
HERENDEEN, THOS, LEE, 3124 E STATE BLVD FORT WAYNE 46805	GS	082	HEUMANN, JOHN, E, 611 HARRIET ST NO 401 EVANSVILLE 47715	ORS	296
HERITIER, CLAUDE, J, 700 HILL DR COLUMBIA CITY 46725	GP	326	HEYDE, EDWARD, LEE, 513 NORTH MICHIGAN ST SOUTH BEND 46601	OPH	258
HERMAN, DANIEL, J, 609 DU BOIS ST VINCENNES 47591	ORS	162	HEYMANN, ROBT, LAWRENCE, 300 NE 14TH WASHINGTON 47501	GS	046
HERMAN, JEAN, TUCKER, 7780 MICHIGAN RD INDIANAPOLIS 46268	N	134	HIBBELN, FREDERIC, P, 8402 N HARCOURT RD APT 211 INDIANAPOLIS 46260	D	134
HERMANN, HAROLD, WESLEY, 1508 REDWING DR EVANSVILLE 47715	OS	296	HIBBELN, THOS, J, 206 MEADOW DR DANVILLE 46122	GS	118
HERMAYER, STEPHEN, 220 S E 7TH ST EVANSVILLE 47713	OPH	296	HIBBS, WM, GEO, R R 1 FRANKLIN 46131	IM	158
HERNANDEZ, ILUMINADA, C, 1802 COLUMBUS DR EAST CHICAGO 46312	GP	174	HIBNER, DAN, WM, 1020 NORTH J ST RICHMOND 47374	FP	314
HEROD, GILBERT, THOS, 1815 N CAPITOL AVE INDIANAPOLIS 46202	TS	134	HIBNER, NOLAN, ALBERT, 222 S MAIN ST MONTICELLO 47960	GP	322
HERRBERG, JEROME, EDWARD, 2525 SANDCREST BLVD COLUMBUS 47201	FP	014	HICKMAN, DONALD, M, 3217 LAKE AVE FORT WAYNE 46805	GP	082
HERRELL, MICHAEL, ALAN, 3700 WASHINGTON AVE EVANSVILLE 47750	PTH	296	HICKS, GEO, WM, 5506 E 16TH INDIANAPOLIS 46218	OTO	134
HERRICK, CHAS, LISLE, AKRON 46910		090	HICKS, THOS, JOS, 2200 LAKE AVE SUITE 150 FORT WAYNE 46805	R	082

HIEBER, FRANK, REYNOLDS, 7905 CALUMET AVE MUNSTER 46321	IM	174	HILLERY, ROBT, LEE, 5110 N CLINTON FORT WAYNE 46825	FP	082
HIGGINS, JACK, WAYNE, 804 BERKLEY RD KOKOMO 46901	FP	126	HILLIS, FREDERICK, ALLEN, 1201 MICHIGAN AVE LOGANSPOET 46947	GS	030
HIGGINS, JAMES, LEMMON, 524 MARTINS LANE EVANSVILLE 47715	GP	296	HILLIS, J, STANLEY, 8402 HARCOURT RD NO 717 INDIANAPOLIS 46260	CD	134
HIGGINS, JOHN, ROBINSON, 700 EAST SPRING STREET NEW ALBANY 47150	GS	076	HILLIS, LOWELL, JOS, 2410 HASTY HYLL LOGANSPOET 46947	GP	030
HIGH, RALPH, LESLIE, 420 W WASHINGTON ST MUNCIE 47305	OBG	062	HILLMAN, MARION, W, 1728 LITTLEPOINTE CIRCLE SARASOTA FL 33561	GP	258
HILBERT, JOHN, W, 1505 MARIGOLD WAY NO 307 SOUTH BEND 46617	OS	258	HILTON, FRANK, LINDEN, 326 S E 7TH EVANSVILLE 47713	OBG	296
HILBURN, JEFFREY, W, 8402 HARCOURT RD INDIANAPOLIS 46260	N	134	HILZ, JAMES, MICHAEL, 6550 YELLOWSTONE PKWY INDIANAPOLIS 46217	TS	134
HILDEBRAND, JOHN, O, 1307 E EWING AVE SOUTH BEND 46613	FF	258	HILZ, MARY, ANN CORTESE, 6550 YELLOWSTONE PKY INDIANAPOLIS 46217	R	134
HILDEBRAND, WM, LEE, 6037 EAST 10TH ST INDIANAPOLIS 46219	GP	134	HIMEBAUGH, GILBERT, JOS, 801 ST MARYS DR NO 307 EVANSVILLE 47715	GS	296
HILL, HERBERT, NOBLE, 3500 LAFAYETTE ROAD INDIANAPOLIS 46222	FP	134	HIMELSTEIN, NATHANIEL, H, 3500 N LAFAYETTE RD INDIANAPOLIS 46222	FP	134
HILL, JAMES, K, 8801 NORTH MERIDIAN ST INDIANAPOLIS 46260	A	134	HIMLER, JAMES, MURAT, 8015 BLUFF RD INDIANAPOLIS 46217	IM	134
HILL, JAMES, STEPHEN, 2828 FAIRFIELD FORT WAYNE 46807	PD	082	HIMMELSBACH, WM, ANTHONY, MILES LAB INC ELKHART 46514	OM	070
HILL, KENNETH, GRIMES, 710 S 14TH NEW CASTLE 47362	FP	122	HINCHMAN, JEAN, FRANCIS, PARKER 47368	GP	062
HILL, LLOYD, LEON, 302 N DUKE ST PERU 46970	GP	194	HINES, JOHN, HENRY, 403 S MAIN AUBURN 46706	GP	058
HILL, PAUL, GOODWIN, 5 N FOTE CAMBRIDGE CITY 47327	GP	314	HINES, KENNETH, EARLE, 911 S INDIANA AVE SELLERSBURG 47172	GP	034
HILL, THEODORE, ALBERT, 1606 LAKE SHORE DR MICHIGAN CITY 46360	P	178	HINSHAW, MICHAEL, ANTHONY, 1250 CHESTER BLVD RICHMOND 47374	GS	314
HILL, WALLACE, CLARK, 919 E JEFFERSON BLVD SOUTH BEND 46622	GS	258	HIPPENSTEEL, GERRY, M, 400 S SIXTH ST VINCENNES 47591	IM	162
HILLENBRAND, CHAS, JOHN, 128 W 10TH ST MICHIGAN CITY 46360	P	178	HIPPENSTEEL, HARLAND, V, P O BOX 107 AUBURN 46706	GP	058

HIRSCH, HERMAN, L, 130 W 5TH ST MOUNT VERNON 47620	GP	234	HOFFMAN, ARTHUR, F, THREE RIVERS APT N RM 105 FORT WAYNE 46802	AN	082
HIRSCH, MELVIN, LEONARD, P O BOX 96 37 JOLIET ST DYER 46311	IM	174	HOFFMAN, MAX, NORMAN, 416 UNION ST COVINGTON 47932	GP	086
HIRSCH, THEODORE, R R 6 CONNERSVILLE 47331	R	074	HOGAN, MICHAEL, ARTHUR, 7514 BROOKVIEW CIRCLE INDIANAPOLIS 46250	PD	134
HITCHCOCK, LARRY, GEO, 7111 EASTWICK LANE INDIANAPOLIS 46256	U	134	HOGAN, THOS, W, 3505 OHIO BLVD TERRE HAUTE 47803	R	298
HITCHCOCK, PHILIP, DUDLEY, 2828 LINCOLN AVE EVANSVILLE 47714	GP	296	HOGLE, FRANK, D, 15 POHCHARTRAIN MICHIGAN CITY 46360	P	178
HO, CHI-YUN, 210 WEST BOULEVARD PERU 46970		194	HOHAM, FREDERICK, DIXON, 2674 PORTAGE MALL PORTAGE 46368	GP	230
HO, GLORIA, R, RR 25 BOX 67 LAKEWOODS TERRE HAUTE 47802	PD	102	HOIT, LEONARD, 1000 E 60TH MERRILLVILLE 46410	D	174
HO, TERRY, J, RR 25 BOX 67 LAKEWOODS TERRE HAUTE 47802	OBG	102	HOLDEMAN, LILLIAN, SCHEIB, R R 3 BOX 203 EAGLE LAKE EDWARDSBURG MI 49112	PH	258
HOBBS, ARTHUR, A, 200 TYLER EVANSVILLE 47715	R	296	HOLDEMAN, RICHARD, W, RR 3 BOX 203 EAGLE LAKE EDWARDSBURG MI 49112	IM	256
HOBBS, HUDNER, L S, 652 N GIRLS SCHOOL RD NO 110 INDIANAPOLIS 46224	PD	134	HOLDEN, ROBT, WATSON, R R I BOX 575 PLAINFIELD 46168	R	014
HOBGOOD, JAMES, LEE, 7526 TAYLOR CIRCLE EVANSVILLE 47710	AN	296	HOLDREAD, JON, WAYNE, 2510 SANDCREAST BLVD COLUMBUS 47201	P	014
HODA, ALI, 221 SOUTH SIXTH ST TERRE HAUTE 47807	OBG	298	HOLL, CARL, W, 106 D SHORELINE CT NOBLESVILLE 46060	R	186
HODEL, HARRY, LEONARD, 7715 COVE CT INDIANAPOLIS 46234	R	134	HOLLAND, WM, MARTIN, 3524 N MERIDAN ST INDIANAPOLIS 46208	IM	134
HODGES, CHAS, DAVID, 905 NORTH LEBANON ST LEBANON 46052	FP	022	HOLLENBERG, ALFRED, E, 700 N WASHINGTON ST HAGERSTOWN 47346	GP	314
HODGIN, PHILLIP, THOS, 420 N MAPLE ORLEANS 47452	FP	210	HOLLENBERG, EDWARD, L, 613 TERRACE DR WINAMAC 46996	FP	236
HODONOS, PHILLIP, ELI, 1225 E COOLSPRING AVE MICHIGAN CITY 46360	GP	178	HOLLIDAY, ALFONSO, DAVID, 919 NORTH UNION ST GARY 46403	GS	174
HOETZER, ELDORE, MARTIN, 502 HENRY ST NEW HAVEN 46774	GP	082	HOLLINGSWORTH, THOS, H, 217 S CHERRY ST MUNCIE 47305	GP	062
HOFFER, DARRELL, R, BALL MEMORIAL HOSP 2401 UNIVERSITY AVE MUNCIE 47303	GP	062	HOLLOWAY, RICHARD, JAMES, 211 N EDDY ST SOUTH BEND 46617	U	258

HOLM, BYRON, MARSH, 304 NORTH WALNUT ST PLYMOUTH 46563		190	HOPKINS, BRUCE, JORDAN, 8402 HARCOURT RD STE 208 INDIANAPOLIS 46260	OTO	134
HOLMAN, JEROME, E, 3315 EAST 10TH ST INDIANAPOLIS 46201	GP	134	HORNBACK, NED, B, I U MEDICAL CENTER INDIANAPOLIS 46202	TR	134
HOLMAN, JEROME, E, 6127 NORTH COLLEGE AVE INDIANAPOLIS 46220	OS	134	HORNER, TERRY, GRANT, 8153 WELLSBROOK DR INDIANAPOLIS 46278	NS	134
HOLMES, JOHN, LOUIS, 412 WHITE RIVER BLVD MUNCIE 47303	ORS	062	HORNING, RICHARD, R, R R 2 BOX 81 LOGANSPOUT 46947	IM	030
HOLTZCLAW, DAVID, LESLIE, 413 W FIRST ST BLOOMINGTON 47401	PD	214	HOROWITZ, MARCEL, IRWIN, 6111 HARRISON ST MERRILLVILLE 46410	U	174
HOLTZMAN, NORMAN, N, 514 MAPLE LANE BATAVIA IL 60510	IM	258	HORST, WM, NICHOLAS, 123 N COURT ST CROWN POINT 46307	GP	174
HOLTZMAN, PAUL, WM, 113 S LINCOLN ST BLOOMINGTON 47401	IM	214	HORSWELL, RICHARD, GLENN, BRISTOL 46507	IM	070
HOLWERDA, HARRY, LEE, DE MOTTE PHYSICIANS INC DEMOTTE 46310	GP	230	HORSWELL, RICHARD, R, 2600 GREENBUSH LAFAYETTE 47904	IM	286
HONAN, PAUL, REVERE, 1720 N LEBANON ST LEBANON 46052	OPH	022	HORVATH, GEO, ALEXANDER, 211 N EDDY ST SOUTH BEND 46617	PD	256
HOOD, AINSLEE, A, 1810 ROSEDALE INDIANAPOLIS 46227	EM	134	HORVATH, JOHN, LOUIS, 19265 FARMINGTON LANE SOUTH BEND 46614	TR	258
HOOD, TONY, EUGENE, 600 MARY ST DEACONESS HOSP EVANSVILLE 47710	AN	296	HOSTETTER, MICHAEL, G, 3266 NORTH MERDIAN ST INDIANAPOLIS 46208	U	134
HOOG, JOHN, MICHAEL, 527 W BERRY ST FORT WAYNE 46802	U	082	HOUCK, RICHARD, JAMES, P O BOX 556 BEVERLY SHORES 46301	OPH	178
HOOKE, DONALD, J, 104 S MAIN LIGONIER 46767	GP	206	HOUSER, D, DUANE, 1815 NORTH CAPITOL AVE NO 309 INDIANAPOLIS 46202	A	134
HOOKE, REX, RAYMOND, 8354 CRESTWOOD MUNSTER 46321	OS	174	HOUSER, DEWARD, S, 515 NORTH LAFAYETTE BLVD SOUTH BEND 46601	OBG	258
HOOPES, JANE, MAC LEOD, RR 8 BOX 95 EVANSVILLE 47711	PD	296	HOUSER, KEIM, THOS, 515 NORTH LAFAYETTE SOUTH BEND 46601	OBG	258
HOOVER, J, GUY, 611 HARRIET ST-STE 501 EVANSVILLE 47710	GS	296	HOUSTON, FRED, DURMENT, 30 W HIGH ST LAWRENCEBURG 47025	GP	050
HOOVER, JOSEPH, ROYAL, 3610 BROOKLYN AVE FORT WAYNE 46809	GP	082	HOVANESSIAN, RAFFY, A, 7863 BROADWAY MERRILLVILLE 46410	GE	174
HOOVER, PETER, BOWEN, 223 W LOCUST ST BOONVILLE 47601	GP	306	HOW, LOUIS, EUGENE, 210 PATTERSON RD LAKEVILLE 46536	GPM	258

HOWARD, JOS, DANL, 2809 HIGH ST LOGANSPORT 46947	FP	030	HUI, HANNAH, MAY-TUK, 1512 14TH STREET BEDFORD 47421	PTH	182
HOWARD, MARY, JANE, RR 3 BOX 89-17 ZIONSVILLE 46077	CD	134	HULL, DE, WAYNE L, 3030 LAKE FORT WAYNE 46805	PS	082
HOWARD, WM, FRANK, 619 W 1ST ST BLOOMINGTON 47401	OBG	214	HULL, JAMES, EDWARD, ST ELIZABETH MED CTR STE 104 LAFAYETTE 47904	GS	286
HOWELL, JOS, D, 6525 E 82ND ST-STE 110 INDIANAPOLIS 46250	A	134	HULL, JOEL, IRVIN, 6 SHORE DR DUNE ACRES CHESTERTON 46304	GP	230
HOWLAND, CARL, BRUCE, BOX 506 GREEN ACRES CRAWFORDSVILLE 47933	GP	198	HULL, RONALD, H, 1815 N CAPITOL AVE INDIANAPOLIS 46202	P	134
HOYT, LESTER, HAROLD, METHODIST HOSP INDIANAPOLIS 46202	PTH	134	HUMMEL, RUSSEL, MILLER, 500 WABASH AVE MARION 46952	GP	098
HOYT, MILLARD, L, 5614 E 21ST ST INDIANAPOLIS 46218	P	134	HUMPHREY, PAUL, EUGENE, 2631 NORTH 9TH ST TERRE HAUTE 47807	U	298
HRISOMALOS, FRANK, N, 306 E KIRKWOOD AVE BLOOMINGTON 47401	GP	214	HUMPHREYS, JOE, E, 1516 N 2D ST VINCENNES 47591	GP	162
HTAIN, MIN, 221 S 6TH ST TERRE HAUTE 47801	R	296	HUMPHREYS, JOHN, LESLIE, 55 HIGHLAND RD APT 202 BETHEL PARK PA 15102	OS	082
HUANG, TSAU-YUEN, 1811 W 54TH ST MERRILLVILLE 46410	PTH	174	HUNSBERGER, DONALD, WAYNE, 101 SOUTH JEFFERSON ST MONTPELIER 47359	GP	062
HUBBARD, JESSE, D, 1100 W MICHIGAN ST INDIANAPOLIS 46207	PTH	134	HUNSBERGER, WALTER, G, 2600 GREENBUSH ST LAFAYETTE 47904	R	286
HUBER, RICHARD, GLEN, 219 SYCAMORE DR BEDFORD 47421	FP	182	HUNT, EDGAR, JOHN, R R 22 BOX 416 TERRE HAUTE 47802	OS	298
HUGGINS, VICTOR, SPENCER, 611 HARRIETT AVE EVANSVILLE 47710	OBG	296	HUNT, JAMES, ANDREW, RR1 BOX 218-H PITTSBORO 46167	P	134
HUGHES, ANSON, F, 2600 GREENBUSH ST LAFAYETTE 47904	OBG	286	HUNT, ROBERT, N, 211 NORTH EDDY STREET SOUTH BEND 46617	IM	258
HUGHES, CHAS, EDGAR, 5626 E 16TH ST INDIANAPOLIS 46218	PS	134	HUNTER, CHAS, A, IND UNIV MED CTR DEPT OBG INDIANAPOLIS 46202	OBG	134
HUGHES, MICHAEL, A, 303 S MAIN ST BLUFFTON 46714		318	HUNTER, DEAN, MURRAY, 316 N SALISBURY WEST LAFAYETTE 47906	OBG	286
HUGHES, RICHARD, R, 908 CARROLTON BLVD WEST LAFAYETTE 47906	EM	286	HUNTER, DONN, R, 843 MAPLE DR GREENFIELD 46140	FP	110
HUGHES, WM, BRADLEY, WATERLOO 46793	GP	058	HUNTER, HARRY, L, 2404 PENNSYLVANIA AVE EVANSVILLE 47721	ON	296

HUONI, JOHN, SIMEON, 1405 YOUNGSTOWN SHOPPING CTR JEFFERSONVILLE 47130	GP	034	IMHOF, JOS, D, 320 W ADAMS MUNCIE 47305	DR	062
HURLEY, JAMES, W, ELKHART CLINIC BOX 2507 ELKHART 46514	GE	070	IMPERIAL, BENJAMIN, E, BOX 277 ST JOHN 46373	GP	174
HURLEY, JOHN, RAWLINS, BOX 545 DALEVILLE 47334	GP	062	IMPERIAL, BORIS, S, 1024 S 6TH ST MEDICAL ARTS BLD TERRE HAUTE 47807	P	298
HURT, LAVERNE, B, 3102 PALM DR DELRAY BEACH FL 33444	OS	134	INGRAM, RICHARD, GENE, 206 S MAIN MONTPELIER 47359	GP	062
HURWITZ, ROBT, MORRIS, 8402 HARCOURT RD INDIANAPOLIS 46260	D	134	INGWELL, GUY, BERNARD, 1520 SOUTH HEATON ST KNOX 46534	FP	274
HURWITZ, ROGER, ALLEN, I U MEDICAL CENTER INDIANAPOLIS 46202	PDC	134	INLOW, PAUL, MARTYN, 103 W WASHINGTON ST SHELBYVILLE 46176	R	266
HUSE, JOHN, 1815 N CAPITOL INDIANAPOLIS 46202	GS	134	INLOW, ROBT, PIERSON, 103 W WASHINGTON SHELBYVILLE 46176	GS	266
HUSE, PATRICIA, GAIL H, 3500 LAFAYETTE RD STE 301 INDIANAPOLIS 46222	PD	134	INLOW, WM, D, 1072 ALTO ROAD LAKE WORTH FL 33460	GS	266
HUSE, WM, MURRAY, 7402 HAZELWOOD AVE INDIANAPOLIS 46260	OBG	134	IRICK, NEIL, EDWIN, 2661 COLD SPRING MANOR DRIVE INDIANAPOLIS 46222	IM	318
HUSSAIN, MOHAMMED, 207 SPARKS AVE JEFFERSONVILLE 47130	CD	034	IRIGOYEN, DAVID, ERNEST, 1919 STATE ST STE 321 NEW ALBANY 47150	P	078
HUSSEY, LAWRENCE, KENT, 531 NORTH MAIN ST SOUTH BEND 46601	PTH	258	IRMSCHER, GEO, W, 3411 N ANTHONY BLVD FORT WAYNE 46805	GS	082
HUSTED, ROBT, G, 7905 CALUMET AVE MUNSTER 46321	GP	174	IRMSCHER, JANE, MC MULLEN, 2040 FLORIDA DR FORT WAYNE 46805	PD	082
HUTSON, RICHARD, ALLEN, 1815 N CAPITOL AVE INDIANAPOLIS 46202	ORS	134	IRVINE, WILLIAM, O, 1815 N CAPITOL-STE 610 INDIANAPOLIS 46202	ORS	134
HUUS, JOHN, CHRISTIAN, 421 CHESTNUT ST EVANSVILLE 47713	U	296	IRWIN, GERALD, PORT, R R NO 4 BOX 221 ALEXANDRIA 46001	GP	186
HYDE, CARROLL, C, 1521 E COLFAX AVE SOUTH BEND 46617	U	258	IRWIN, GLENN, WARD, I U MEDICAL CENTER INDIANAPOLIS 46202	IM	134
IGNACIO, DOMINADOR, GIANAN, 308 MEDICAL ARTS BLDG RICHMOND 47374	OBG	314	IRWIN, PHYLLIS, R, BACH CHRISTIAN HOSPITAL QALANDARABAD HAZARA PAKISTAN 60704	GP	134
IGNACIO, OLEGARIO, J, 207 SPARKS AVENUE JEFFERSONVILLE 47130	N	034	IRWIN, RICHARD, STEPHEN, P O BOX 345 ROACHDALE 46172	FP	118
ILLMAN, DWAIN, CLARK, RR 11 BOX 309 K BLOOMINGTON 47401	EM	214	ISCH, JOHN, HARRY, 8402 HARCOURT RD INDIANAPOLIS 46260	TS	134

ISENBARGER, KARL, 111 E 75TH INDIANAPOLIS 46240	GP	134	JAMES, CARROLL, FLOYD, HOPE MED CTR HOPE 47246	GP	014
ISENBERG, PAUL, DAVID, 5626 E 16TH INDIANAPOLIS 46218	PD	134	JAMES, CHAS, EDWARD, 7780 N MICHIGAN INDIANAPOLIS 46268	GP	134
ISENGLE, KENNETH, F, 3030 LAKE AVE FORT WAYNE 46805	OTO	082	JAMES, THOS, 202 PUB BLDG HUNTINGTON 46750	GS	130
ISKE, PAUL, GEO, 818 E 79TH ST INDIANAPOLIS 46240	IM	134	JANI, NATWERLAL, S, 3332 MAC ARTHUR LANE INDIANAPOLIS 46224	FP	134
ISLAM, RASHIDUL, P O BOX 237 NEW SALISBURY 47161	GS	114	JANICKI, DAVID, JOHN, 221 SOUTH SIXTH ST TERRE HAUTE 47807	IM	298
IVERSON, ROBERT, LOUIS, 4134 NORTH ILLINOIS INDIANAPOLIS 46208		134	JANKOWSKI, ERNEST, BERNARD, 411 S SHERIDAN ST SOUTH BEND 46619	GP	258
IVY, JOHN, H, ELKHART CLINIC BOX 2507 ELKHART 46514	IM	070	JANOVSKY, CHARLES, T, 1225 EAST COOLSPRING AVE MICHIGAN CITY 46360	FP	178
JACKSON, DEAN, B, 310 NORTH WAYNE ANGOLA 46703	GP	278	JANSCH, MARJORIE, E DUPONT, R R NO 1 CO RD 500E ROME CITY 46784	PD	082
JACKSON, HOWARD, CLAY, 104 E 3RD ST MADISON 47250	GP	150	JANSCH, THEODORE, LEO, 700 BROADWAY FORT WAYNE 46802	PTH	082
JACKSON, JAMES, WOODROW, 2828 FAIRFIELD AVE FORT WAYNE 46807	CD	082	JAO, RODOLFO, L, 295 SOUTH WISCONSIN HOBART 46342	ID	174
JACKSON, JOHN, F, 5315 CLOUEROOK DR FORT WAYNE 46806	AN	082	JADJOCO, ARMANDO, E, P O DRAWER H BATESVILLE 47006	FP	250
JACKSON, ROBT, FRANKLIN, PROFESSIONAL ARTS BLDG MARION 46952	GS	098	JARDENIL, ROMULO, S, KENTLAND 47951	GP	204
JACOBO, MIGUEL, JAIME, 1419 CARROLL ST EAST CHICAGO 46312	GP	174	JARDINE, DON, ROSS, 3500 LAFAYETTE RD INDIANAPOLIS 46222	ORS	134
JACOBS, E, ROBERT, R R 6 GRANDVIEW COLUMBUS 47201	GS	014	JARRETT, JOHN, CROW, 702 RIVER DR MARION 46952	OBG	098
JACOBSON, WM, ST ELIZABETH HOSP 1501 HARTFORD ST LAFAYETTE 47904	PTH	286	JARRETT, PAUL, EUGENE, 2101 JACKSON #210 ANDERSON 46014	OBG	186
JACOMAIN, RALPH, JDS, 621 S 7TH ST VINCENNES 47591	GP	162	JARRETT, PAUL, EUGENE, 8330 NAAB ROAD INDIANAPOLIS 46260	OBG	134
JAHS, ALBIN, A, VALPARAISO ORTHOPEDIC CLINIC 2501 CUMBERLAND DR VALPARAISO 46383	ORS	230	JASTREMSKI, CHESTER, A, 300 WEST 1ST ST BLOOMINGTON 47401	GP	214
			JAY, ARTHUR, CARL, R R 1 BOX 387 PARKER 47368	PTH	062

JAY, ARTHUR, NOTTINGHAM, RRI BOX 107B NINEVEH 46164	OM	134	JIMENEZ, FELICIANO, F, 800 MC ARTHUR NO 22 MUNSTER 46321	IM	174
JAY, JAMES, MILTON, 1645 HALL PL INDIANAPOLIS 46202	IM	134	JIMENEZ, PEDRO, L, 727 MARTHA AVE JEFFERSONVILLE 47130	AN	034
JAY, STEPHEN, J, WISHARD MEMORIAL HOSPITAL INDIANAPOLIS 46202	IM	134	JINNINGS, LOREN, EARL, P O BOX R R 3 AUBURN 46706	GP	056
JEAN, THOS, A, MORRISTOWN 46161	GP	266	JOBES, JAMES, EPLEY, 4265 KNOLLTON ROAD INDIANAPOLIS 46208	OM	134
JEFFREY, ROBERT, CHARLES, 3200 SYCAMORE COURT COLUMBUS 47201	AN	014	JOCSON, CATALINO, T, R R 2 LINTON 47441	GP	102
JEHA, MIKHAIL, FARID, 2525 E LAKE SHORE DR CROWN POINT 46307	DR	174	JOHN, MAURICE, EDWARD, 207 SPARKS AVE NO 306 JEFFERSONVILLE 47130	OPH	034
JEHANYAR, MOHAMED, ALI, P O BOX 614 MONTICELLO 47960	GP	322	JOHNS, JANET, SUSAN, 3510 WOODCLIFF LAFAYETTE 47905	GP	286
JENKINS, JOHN, EDWARD, 3740 N CENTRAL INDIANAPOLIS 46208	GP	134	JOHNSON, ALBERT, C, 1815 N CAPITOL ST INDIANAPOLIS 46202	GS	134
JENKINS, JOHN, L, 919 EAST JEFFERSON BLVD SOUTH BEND 46622	CD	258	JOHNSON, ARNOLD, LEE, 2200 GRANT ST GARY 46404	OBG	174
JENKINS, ROBT, EUGENE, 3500 LAFAYETTE RD STE 104 INDIANAPOLIS 46222	D	134	JOHNSON, CHAS, WM, 1802 NORTH ILLINOIS ST INDIANAPOLIS 46204	OTO	134
JENSEN, JAMES, WALDEMAR, 1511 WABASH MICHIGAN CITY 46360	OBG	176	JOHNSON, EARL, HUNT, 4801 PLANTATION DR INDIANAPOLIS 46250	U	134
JENSEN, ROBT, EUGENE, 102 MEDICAL CENTER BLDG FORT WAYNE 46802	OTO	082	JOHNSON, EDWARD, M, 8 BUCKNER CIRCLE FORT MC CLELLAN AL 36205	OBG	296
JESCH, DORIS, ANN, 706 GARDNER MARION 46952	PD	098	JOHNSON, FRANCIS, NEAL, METHODIST HOSPITAL 600 GRANT ST GARY 46402	AN	174
JESSEPH, JOHN, ERVIN, 1100 W MICHIGAN ST INDIANAPOLIS 46202	GS	134	JOHNSON, FRANK, 2948 KESSLER BLVD N DRIVE INDIANAPOLIS 46222	OBG	134
JETT, CLYDE, W, 18 W NATIONAL AVE SEELYVILLE 47878	GP	298	JOHNSON, GEO, MARTIN, 1250 CHESTER BLVD RICHMOND 47374	GS	314
JEWELL, GEO, MONROE, 610 ARMSTRONG KOKOMO 46901	A	126	JOHNSON, HAROLD, VICTOR, 2301 W MICHIGAN ST EVANSVILLE 47712	GP	296
JEWETT, JOE, HAINES, 3120 N MERIDIAN ST INDIANAPOLIS 46208	IM	134	JOHNSON, HERBERT, S, 2600 GREENBUSH LAFAYETTE 47904	GS	286
JIBILIAN, ARTIN, YACCOUB, 220 SHERLAND BLDG SOUTH BEND 46601	U	258	JOHNSON, JAMES, ALLEN, 3031 VIPOST RD RICHMOND 47374	AN	314

JOHNSON, JAMES, BASHFORD, 600 N ARLINGTON GREENCASTLE 46135	FP	242	JONES, DAVID, ERVAN, 320 N MERIDIAN ST INDIANAPOLIS 46204	OTO	134
JOHNSON, JOHN, CARLTON, 2220 BOSTON COURT INDIANAPOLIS 46208	FP	134	JONES, DAVID, GEO, 1504 N MADISON ANDERSON 46011	GP	186
JOHNSON, MICHAEL, LEWIS, 619 WEST 1ST ST BLOOMINGTON 47401	P	214	JONES, DAVID, HALE, 935 WATER ST CHARLESTOWN 47111	GP	034
JOHNSON, PAUL, DEWEY, 822 N 15TH ST TERRE HAUTE 47807	GS	298	JONES, FRANCIS, PAUL, 745 N RILEY AVE INDIANAPOLIS 46201	AN	134
JOHNSON, PHILIP, JAMES, 6642 ST JOE ROAD FORT WAYNE 46815	FP	082	JONES, FREDERICK, HAVEN, 960 LOCKE ST NEUROLOGY DEPARTMENT INDIANAPOLIS 46202	N	134
JOHNSON, ROBT, DONALD, 722 W MAIN ST MADISON 47250	GP	150	JONES, GORDON, CHAS, 6360 BRANSHAW RD INDIANAPOLIS 46220	GP	134
JOHNSON, STEPHEN, LEE, 611 HARRIETT SUITE 202 EVANSVILLE 47710	IM	296	JONES, JOHN, CARL, 1201 MICHIGAN AVE STE B LOGANSPOUT 46947	PD	030
JOHNSON, THOS, WILSON, 1802 N ILLINOIS ST INDIANAPOLIS 46202	OTO	134	JONES, JOHN, DAVID, 1719 NORTH MADISON AVE ANDERSON 46012	OPH	186
JOHNSON, WALLACE, D, 2900 W 16TH ST BEDFORD 47421	GE	182	JONES, KING, SOLOMON, P O BOX 383 MICHIGAN CITY 46360	GP	178
JOHNSON, WILLIAM, F, 3700 BELLEMEADE EVANSVILLE 47715	GE	296	JONES, RANDOLPH, 2416 N CAPITOL INDIANAPOLIS 46208	OBG	134
JOHNSON, WM, VERNON, 1919 STATE ST NEW ALBANY 47150	R	078	JONES, RICHARD, ALLEN, 8402 N HARCOURT RD STE 208 INDIANAPOLIS 46260	OTO	134
JOHNSTON, GERALD, P, 1575 NORTHWESTERN AVE INDIANAPOLIS 46202	P	134	JONES, ROBT, B, 1528 W FRANK ELKHART 46514	OTO	070
JOHNSTON, RICHARD, M, 9962 DIEBOLD RD FORT WAYNE 46825	AN	062	JONES, THOMAS, A, 9051 CLEMSON INDIANAPOLIS 46268	FP	134
JOHNSTON, ROBT, L, 809 RIVERSIDE DRIVE MELBOURNE FL 32951	GE	318	JONES, THOS, MORRIS, 2580 CHARLESTOWN ROAD NEW ALBANY 47150	OTO	078
JOHNSTONE, DOUGLAS, F, 2020 W 66TH STREET INDIANAPOLIS 46260	IM	134	JONES, WM, HOWARD, 1630 SOUTH OHIO MARTINSVILLE 46151	GP	202
JOLLY, WALTER, WM, 8402 HARCOURT RD INDIANAPOLIS 46260	TS	134	JONTZ, JOE, GORDON, 3124 E STATE BLVD FORT WAYNE 46805	GS	082
JONES, ALLEN, WM, 6060 N COLLEGE AVE INDIANAPOLIS 46220	IM	134	JONTZ, JON, PHILLIP, WINDRIDGE OFFICE BLDG SUITE 115 5435 EMERSON WAY NORTH INDIANAPOLIS 46226	AN	134
JONES, ANABEL, RATCLIFF, 3301 CEDAR LANE LAFAYETTE 47904	AN	286	JONTZ, RICHARD, LEE, 2200 LAKE AVE SUITE 150 FORT WAYNE 46805	R	082

JORDAN,RICHARD,ALLEN, HARRISON DR CORYDON 47112	FP	114	KAMEN,JACK,M, 540 TYLER ST GARY 46402	AN	174
JOSEPH,REX,MORRIS, 1500 ALBANY BEECH GROVE 46107	FP	134	KAMMEN,LEO, 3202 W 16TH ST INDIANAPOLIS 46222	GP	134
JOSEPHSON,DAVID,ALAN, 10915 LAKEVIEW DR CARMEL 46032	N	134	KAMMER,GRACE,E CLEM, 420 W WASHINGTON ST MUNCIE 47305	IM	062
JOSHI,PRAKASH,NARAYAN, 500 WABASH AVE MARION 46952	IM	098	KAMMEYER,WM,ALLEN, 3217 LAKE AVE FORT WAYNE 46805	FP	082
JOSLIN,GEO,DAVID, 900 EAST STATE BLVD FORT WAYNE 46805	P	082	KANDUL,THOS,STANLEY, 3700 WASHINGTON AVE EVANSVILLE 47750	PTH	296
JOYNER,JOHN,ERWIN, 3901 N MERIDIAN ST NO 336 INDIANAPOLIS 46205	NS	134	KANE,JACK,LEE, 50 EAST 91ST STREET INDIANAPOLIS 46240	OPH	134
JUDD,RUSSELL,LLOYD, 1213 N ARLINGTON INDIANAPOLIS 46219	U	134	KANTZER,FLOYD,BERNHARD, 12436 MORROW AVE N E ALBUQUERQUE NM 87112	GP	058
JUERGENS,RICHARD,BOWMAN, 1724 PRAIRIE LANE FORT WAYNE 46808	GP	082	KAPOOR,GURBACHAN,SINGH, 6829 PIERCE MERRILLVILLE 46410	R	174
JURGENSEN,WALTER,T, 3610 BROOKLYN AVE FORT WAYNE 46807	GP	082	KARBERG,RICHARD,JOHN, 2400 FERRY ST LAFAYETTE 47904	OBG	286
JUSTIN,RENATE,G, NORTHSIDE PROFESSIONAL BLDG 1655 NORTH 7TH ST TERRE HAUTE 47804	GP	298	KARN,JOHN,W, 1535 WALL ST SOUTH BEND 46615	AN	258
KACHMANN,RUDOLF, 2828 FAIRFIELD AVE FORT WAYNE 46807	NS	082	KARNAFEL,EUGENE,THADDEUS, LOGANSPOET STATE HOSP LOGANSPOET 46947	P	030
KADERABEK,DONAL,JOS, 1611 25TH STREET SUITE B BEDFORD 47421	GS	182	KAROL,HERBERT,JAY, SUITE 103 3-RIVERS E FORT WAYNE 46802	U	082
KAHLER,MAURICE,V, 2638 KESSLER BLVD N DR INDIANAPOLIS 46222	GP	134	KARSELL,WM,A, BOX 295B R R 2 CARMEL 46032	OBG	134
KAHN,ALEXANDER,JEROME, 8402 HARCOURT NO 406 INDIANAPOLIS 46260	PD	134	CASTING,GERALD,E, 1622 24TH ST BEDFORD 47421	FP	162
KAHN,HOWARD,L, 8402 HARCOURT RD INDIANAPOLIS 46260	OBG	134	KATTERJOHN,JAMES,CECIL, 8411 QUAIL HOLLOW ROAD INDIANAPOLIS 46260	TR	134
KAISER,JAMES,L, 5626 EAST 16TH ST NO 13 INDIANAPOLIS 46218	ORS	134	KAUFFMAN,HARLEY,MARLEY, 5607 NEWBURG RD EVANSVILLE 47715	P	296
KALKER,MORTON, 704 GREENBRIAR RD MUNCIE 47304	AN	062	KAUFMAN,ALAN, 30 DOUGLAS ST HAMMOND 46324	NS	174
KALSBECK,JOHN,E, 1100 W MICHIGAN AVE INDIANAPOLIS 46202	NS	134	KAUFMAN,JULIAN,ROWE, 3030 LAKE AVE FORT WAYNE 46805	A	082

KAY, JOHN, BOYD, MEDICAL ARTS BLDG 1255 ENGLE ST HUNTINGTON 46750	FP	130	KELSEY, JUDITH, ANN, 7905 CALUMET MUNSTER 46321	DR	174
KAYE, ROBERT, C, THE CLINIC OF FAMILY MEDICINE P O BOX 317 HIGHWAY 114 EAST RENSSELAER 47978	FP	142	KELSEY, ROBT, MOFFAT, 1200 MICHIGAN AVE LA PORTE 46350	GP	178
KAYS, HOWARD, W, 1751 DIANNE AVE EVANSVILLE 47715	FP	296	KEMKER, BERNARD, PERKINS, MED ARTS BLDG 721 W 13TH ST JASPER 47546	GS	066
KEATING, JOHN, URICH, 8415 WASHINGTON BLVD INDIANAPOLIS 46240	P	134	KEMP, JOHN, THEODORE, 122 E 7TH ST MICHIGAN CITY 46360	GP	178
KEBEL, ARTHUR, PAUL, 4411 N MERIDIAN INDIANAPOLIS 46208	OM	134	KEMPER, CHARLES, F, 207 SPARKS AVE SUITE 406 JEFFERSONVILLE 47130	PDA	034
KECK, CARLETON, ALLEN, 2828 FAIRFIELD AVE FORT WAYNE 46807	OPH	082	KEMPF, GERALD, FIDELIS, 3032 SEARS RD SPRING VALLEY OH 45370	IM	218
KEEFE, WILLIAM, E, 1103 EAST GRACE RENSSELAER 47978	GS	142	KEMPLER, NORMAN, ALAN, 3124 EAST STATE BLVD FORT WAYNE 46805	OPH	082
KEELING, FORREST, E, 615 W WALNUT PORTLAND 47371	PD	146	KENDALL, FOREST, MACK, 654 WOODLAND CT NAPPANEE 46550	EM	070
KEENAN, GEO, BRYAN, 3225 SHELBY AVE INDIANAPOLIS 46227	FP	134	KENDRICK, FRANK, JENNESS, 2000 SO 15TH ST OAK COURT C 1-2 GOSHEN 46526	D	174
KEENAN, PATRICK, JUSTIN, 211 N EDDY ST SOUTH BEND 46617	N	258	KENDRICK, WM, M, 1201 HADLEY RD NW MOORESVILLE 46158	U	202
KEENER, GERALD, THERON, 5508 E 16TH ST INDIANAPOLIS 46218	OPH	134	KENLEY, DAVID, JOHN, 313 E CARMEL DR #D CARMEL 46032	OBG	134
KEFFER, HARRY, LEE, UNION HOSPITAL TERRE HAUTE 47608	AN	298	KENNEDY, HUNTER, FELIX, 5026B ALLISONVILLE ROAD INDIANAPOLIS 46205	GP	134
KELLAMS, JEFFREY, JEROME, 8210 SOUTH MADISON AVE INDIANAPOLIS 46227	P	134	KENNEDY, JOHN, WAYNE, MARION GENERAL HOSPITAL EMERGENCY DEPT MARION 46952	EM	098
KELLAR, PHILIP, ERNEST, 904 W RIDGE RD HOBART 46342	GP	174	KENNEDY, JOS, T, 5316 BRENDONRIDGE RD INDIANAPOLIS 46226	AN	134
KELLEY, JACK, LESLIE, 2600 GREENBUSH ST LAFAYETTE 47904	GS	286	KENNEDY, MICHAEL, WM, 495 WESTFIELD RD NOBLESVILLE 46060	GS	106
KELLEY, WM, EDWARD, 5626 EAST 16TH INDIANAPOLIS 46218	FP	134	KENNEY, DAVID, BERNARD, 5506 E 16TH ST SUITE 13 INDIANAPOLIS 46218	OPH	134
KELLY, GEO, GREGORY, 7905 CALUMET AVE MUNSTER 46321	GS	174	KENNEY, FRANCIS, DAVID, 110 RIDGE RD MUNSTER 46321	GS	174

KENT,RICHARD,NELSON, 327 MED CTR 8LDG FORT WAYNE 46802	IM	082	KEYE,WILLIAM,R, 303 S MAIN ST BLUFFTON 46714	OBG	318
KENYON,CHAS,EMIL, 8 S GREEN ST CAMBRIDGE CITY 47327	GP	314	KEYES,ROBT,C, 131 E TILLMAN RD FORT WAYNE 46806	PD	082
KEOUGH,THOS,FRANCIS, 600 E WINONA AVE WARSAW 46580	CD	166	KHAIRI,MOHAMMAD,R ABUL, IV MEDICAL CENTER 1100 W MICHIGAN INDIANAPOLIS 46202	END	134
KEPHART,STEWART,BRUCE, 303 S MAIN ST BLUFFTON 46714	OBG	318	KHALOUF,HERBERT,CHAS, 1251 W KEM ROAD MARION 46952	GS	098
KEPLER,ROBT,WENDEL, OSMIC PLACE LA PORTE 46350	GP	178	KHALOUF,SHIRLEY,THOMPSON, 1204 OVERLOOK DR MARION 46952	PM	098
KEPLINGER,JAMES,ELLIS, 1000 NORTH 14TH ST LAFAYETTE 47904	NS	286	KHATON,ODESSA,M, 514 E 86TH ST GARY 46410	P	174
KEPNER,ROBT,STANLEY, 1431 N MADISON AVE ANDERSON 46012	PD	186	KHO,EUSEBIO,C, 137 E MC CLAIN AVE SCOTTSBURG 47170	GS	262
KERLIN,JOS,C, 100 MEADOW DR DANVILLE 46122	GP	118	KHO,JAUV,BIE, 17 RUTLEDGE PL TERRE HAUTE 47803	PTH	298
KERN,CLARENCE,GERALD, 1720 N LEBANON ST LEBANON 46052	GP	022	KIECHLE,FREDERICK,L, R R 4 BOX 309 NO 3 SCHOOL ROAD EVANSVILLE 47712	PTH	296
KERNEK,CLYDE,BALDWIN, 3609 BRIAN PL CARMEL 46032	ORS	134	KIELY,JOHN,T, 1931 BROWN ST ANDERSON 46014	GP	186
KERNER,DONALD,JOE, 7819 SOUTH BELMONT INDIANAPOLIS 46217	GP	134	KIGHT,JERRY,LEE, 1947 PIN OAK COURT INDIANAPOLIS 46260	DR	134
KERR,DONALD,MILTON, 2900 W 16TH ST BEDFORD 47421	GP	182	KILGORE,8YRON,W, 106 THREE RIVERS EAST FORT WAYNE 46802	P	082
KERRIGAN,ROBT,LEE, 916 WASHINGTON ST MICHIGAN CITY 46360	GP	178	KILLEN,LARRY,RAY, 5785 N DELAWARE INDIANAPOLIS 46220	DR	134
KERRIGAN,WM,F, PROF ARTS 8LDG CONNERSVILLE 47331	AN	074	KILMER,WARREN,L, 2674 P PORTAGE MALL PORTAGE 46368	GS	230
KERSHNER,CHARLES,R, 707 RIVER DR MARION 46952	ORS	098	KIM,BUM,JOO, 513 NORTH MICHIGAN ST SOUTH BEND 46601	OBG	258
KESIM,MUFIT,HUSAM, 1332 W INDIANA AVE ELKHART 46514	PD	070	KIM,CHINSOO,WHANG, 2450 169TH ST HAMMOND 46323	PD	174
KESSLER,ROBT,8, 611 HARRIET RM 305 EVANSVILLE 47710	GP	296	KIM,CHONG-BIN, 3200 SYCAMORE CT SUITE 2-A COLUMBUS 47201	PD	014
KETTELKAMP,DONALD,8, 1100 WEST MICHIGAN ST INDIANAPOLIS 46202	ORS	134	KIM,HWA,WOUNG, 608 PUTTERPOINT F TERRE HAUTE 47802	AN	298

KIM,I,YOUNG DAI, 1539 NE 143RD SEATTLE WA 98125	OS	134	KING,JAY,M, 812 NORTH LOGANSPOUT 46947	GS	030
KIM,IL,HO, 426 SOUTH BUFFALO WARSAW 46580	OBG	166	KING,JOHN,THOMAS, 8127 MERRILLVILLE ROAD MERRILLVILLE 46410	OBG	174
KIM,JOON,SUN, LA PORTE HOSP LA PORTE 46350	PTH	178	KING,JOS,P, 3231 NORTH MERIDIAN ST NO 21 INDIANAPOLIS 46208	P	134
KIM,KIL,CHOL, INDIANA UNIV MED CTR INDIANAPOLIS 46202	AN	134	KING,JOS,WHEELER, 267 CITIZEN'S BANK BLDG ANDERSON 46016	OTO	186
KIM,MU,SHIN, ST MARGARET HOSP 25 DOUGLAS ST HAMMOND 46320		174	KING,LEROY,HARRY, 5470 E 16TH NO9 INDIANAPOLIS 46218	NEP	134
KIM,SUNG,SOO, 6110 MANCHESTER DR FORT WAYNE 46815	GS	082	KING,MICHAEL,STEVEN, 5626 E 16TH ST INDIANAPOLIS 46218	OBG	134
KIM,YOUNG,ROCK, 6111 HARRISON ST MERRILLVILLE 46410	OBG	174	KING,NINA,CLEVINGER, 3421 SOUTH LAFOUNTAIN KOKOMO 46901	IM	126
KIMBERLIN,RONALD,M, 801 ST MARYS DRIVE EVANSVILLE 47715	END	296	KING,ROBT,D, I U MEDICAL CENTER INDIANAPOLIS 46202	TS	134
KIMBROUGH,ROBERT,F, 2730 E STATE BLVD FORT WAYNE 46805	ORS	082	KING,ROBT,PRESTON, 17615 STATE RD 23 SOUTH BEND 46635	FP	258
KIMMEL,GEO,EDWARD, 458 MARTINS LANE EVANSVILLE 47715	AN	296	KING,ROBT,W, 13301 LINCOLN PLAZA CEDAR LAKE 46303	GP	174
KIMMEL,LOUIS,EDMUND, 167 N COUNTY RD 250 WEST VALPARAISO 46383	GS	230	KINGMA,ROY,ELMER, DEMOTTE CLINIC DEMOTTE 46310	GP	230
KINASIEWICZ,LEON,E, ST ANTHONY HOSP CROWN POINT 46307	R	174	KINGSBURY,DAVID,HOMER, 2020 W 86TH ST NO 106 INDIANAPOLIS 46260	D	134
KINCAID,RAYMOND,KEITH, 202 S WEST ST TIPTON 46072	GP	290	KINKADE,PAUL,TERRENCE, 1015 BROAD ST NEW CASTLE 47362	GS	122
KINCAID,ROBT,STEPHEN, 7117 E CHERRY EVANSVILLE 47715	AN	296	KINMAN,PHILLIP,BRAMMER, 609 DUBOIS ST VINCENNES 47591	ORS	162
KINDELL,HURSCHELL,D, 108 E WASHINGTON ST NEW RICHMOND 47967	GP	198	KINO,YOICHI, 540 TYLER ST GARY 46402	PTH	174
KING,CHAS,ROSS, 1415 RAIBLE AVE ANDERSON 46011	GP	186	KINTNER,BURTON,E, 236 SIMPSON ST ELKHART 46514		070
KING,FRANK,KARL, 2213 SOUTH DIXON RD KOKOMO 46901	EM	126	KIRACOFE,GEO,ROELAND, 1350 CHESTER BLVD RICHMOND 47374	GP	314
KING,HAROLD, 1100 W MICHIGAN ST INDIANAPOLIS 46202	TS	134	KIRBY,TED,C, P O BOX 707 GREENFIELD 46140	GP	110

KIRKHOFF, PAUL, JOS, 5430 E 21ST ST INDIANAPOLIS 46218	PD	134	KLETZING, DANL, WAYNE, 810 E COLFAX AVE SOUTH BEND 46617	OTO	258
KIRSHMAN, FORREST, EARL, 41 BRIAR RD MUNCIE 47304	GP	062	KLOPPER, RAYMOND, P, 303 SOUTH MAIN ST BLUFFTON 46714	AN	318
KIRSTEN, WALTER, T, P O BOX 163 HUNTINGTON 46750	AN	130	KLOOZE, KENNETH, WARD, 347 WEST BERRY SUITE 417 FORT WAYNE 46602	GP	082
KIRTLEY, JAMES, MARION, GREEN ACRES BOX 506 CRAWFORDSVILLE 47933	OBG	198	KLUTINOTY, GEO, 1011 WEST 116TH ST CARMEL 46032	FP	134
KIRTLEY, ROBT, WAYNE, 350 URBAN ST DANVILLE 46122	GP	118	KMAK, CHESTER, JOHN, 420 EAST 86TH AVE MERRILLVILLE 46410	OBG	174
KIRTLEY, WM, R, 7447 N PARK AVE INDIANAPOLIS 46240	IM	134	KNIGHT, ERNEST, LARRY, ELKHART CLINIC BOX 2507 ELKHART 46514	END	070
KISSEL, WESLEY, ALLEN, 1815 N CAPITOL INDIANAPOLIS 46202	P	134	KNIGHT, LEWIS, W, 3124 E STATE ST FORT WAYNE 46805	OBG	082
KISSINGER, KNIGHT, L, 411 E GILMORE ST ANGOLA 46703	GP	278	KNOCH, WAYNE, LEE, 3515 PINE NEEDLE PLACE WEST LAFAYETTE 47906	GP	090
KITT, WALTER, 7550 HOHMAN AVE MUNSTER 46321	P	174	KNODE, KENNETH, THOMSON, 626 SHERLAND BLDG SOUTH BEND 46601	A	258
KLAIN, BENJ, V, 4157 N COLLEGE AVE INDIANAPOLIS 46205	GP	134	KNOTE, JOHN, ALTON, RADIOLOGY DEPT HOME HOSPITAL LAFAYETTE 47904	R	286
KLAMER, CHAS, H, 715 MAC ARTHUR ST JASPER 47546	GP	066	KNOTTS, SLATER, LAKE AND FOREST CLUB BROWNSTOWN 47220	R	138
KLATCH, BEN, Z, 1501 HARTFORD ST LAFAYETTE 47904	IM	286	KO, RICHARD, CHOON BONG, P O 87 GASTON 47342	GP	062
KLATTE, EUGENE, C, 1100 W MICHIGAN STREET INDIANAPOLIS 46202	R	134	KOBAC, ALFRED, JULIAN, 1101 E GLENDALE BLVD VALPARAISO 46363	OBG	230
KLEIFGEN, WM, A, 4602 TACOMA AVE FORT WAYNE 46807	GP	082	KOBRIN, MEYER, WALTER, 3229 BROADWAY GARY 46408	GP	174
KLEIN, JOHNNY, CARL, 740 E 52D ST INDIANAPOLIS 46205	ORS	134	KOCH, EDWIN, FERDINAND, 2401 UNIVERSITY AVE MUNCIE 47303	R	062
KLEIT, STUART, ALLEN, INDIANA UNIV MED CTR INDIANAPOLIS 46202	NEP	134	KOCH, ELMER, L, 201 E COLUMBIA ST DANVILLE 46122	GP	118
KLEOPFER, RONALD, G, 5050 N CLINTON ST FORT WAYNE 46825	ORS	082	KOCH, HOWARD, W, 700 BROWN ST WINCHESTER 47394	GP	246
KLEPINGER, HARRY, EDWIN, 909 NORTH 21ST ST LAFAYETTE 47904	GP	286	KOENIG, ROBT, LOUIS, 1101 GLENDALE VALPARAISO 46363	FP	230

KOHLSTAEDT,KARL,C, 8685 GUILFORD AVE INDIANAPOLIS 46240	OM	134	KORN,JEROME,MARTIN, 3290 GRANT ST GARY 46408	GP	174
KOHLSTAEDT,KENNETH,G, 1430 PASEO DE MARCIA PALM SPRINGS CA 92262	OS	134	KORNAFEL,LADDIE,HENRY, 5626 E 16TH INDIANAPOLIS 46218	GS	134
KOHNE,ROBT,WM, 3010 UNDERWOOD ST LAFAYETTE 47904	GP	286	KOSS,KENNETH,WM, 1600 W JACKSON ST MUNCIE 47303	FP	062
KOLAR,OLDRICH,J, IND UNIV MED CTR 1100 W MICHIGAN ST INDIANAPOLIS 46202	N	134	KOTT,ALEXANDER, 7550 S HGHMAN MUNSTER 46321	DR	174
KOLETTIS,JOHN,GEO, 6111 HARRISON ST MERRILLVILLE 46410	GP	174	KOURANY,EDGAR, 1125 N INDIANA AVE MOORESVILLE 46158	FP	134
KONICKE,THOS,PHILLIP, P O BOX 3010 GLOBE AZ 85501	GP	230	KOURANY,OSCAR, 1125 N INDIANA AVE MOORESVILLE 46158	FP	134
KONKLE,AMY,D MC KAY, 6464 DEAN ROAD INDIANAPOLIS 46220	P	134	KOVACH,DREW,ANTHONY, 530 N MICHIGAN ARGOS 46501	FP	190
KOOIKER,JOHN,E, N 604 IND UNIV HOSP 1100 NORTH MICHIGAN INDIANAPOLIS 46202	P	134	KOWALSKI,EDGAR,P, 236 SIMPSON ST ELKHART 46514	FP	070
KOONS,KARL,M, 5470 E 16TH ST INDIANAPOLIS 46218	GS	134	KRABILL,WILLARD,S, 120 CARTER RD GOSHEN 46526	PH	070
KOONTZ,JAMES,ARTHUR, 2009 JACKSON DR VINCENNES 47591	P	162	KRAFT,BENNETT, 1436 JOHN RINGLEY PKWY SARASOTA FL 33577	A	134
KOONTZ,WM,ALFRED, 334 E MAIN ST GAS CITY 46933	GP	098	KRANING,KENNETH,KLAIRE, KRANING CLINIC KEWANNA 46939	GP	090
KOPCHA,JOS,EDWARDS, 504 BROADWAY GARY 46402	OBG	174	KRAUS,MAURICE,D, ARNETT CLINIC 2600 GREENBUSH ST LAFAYETTE 47904	R	286
KOPECKY,ROBT,RAY, 4131 SHELBY ST INDIANAPOLIS 46227	OBG	134	KRAUSE,FRIEDRICH, 23918 US 33 EAST ELKHART 46514	GP	070
KOPP,WM,R, 2101 JACKSON ST STE 105 ANDERSON 46014	GS	186	KREITL,DOROTHY,M REEVES, RICHMOND STATE HOSP RICHMOND 47374	P	314
KORANSKY,DAVID,SYDNEY, 6850 HOHMAN HAMMOND 46324	OPH	174	KREMERS,GEO,ADAM, 400 S BERKLEY RD STE C KOKOMO 46901	U	126
KORBA,ALVIN, 2029 WASHINGTON AVE SUITE 201 EVANSVILLE 47714	TR	296	KRESS,JAMES,WALTER, 912 W MC GALLIARD MUNCIE 47303	GS	062
KORN,ALLAN,MICHAEL, 801 ST MARYS DR EVANSVILLE 47715	IM	296	KRIEBLE,WM,WYMOND, 221 S 6TH ST TERRE HAUTE 47801	IM	298
			KRIEL,WM,B, 5630 W WASHINGTON ST INDIANAPOLIS 46241	GP	134

KRIZMAN, DAVID, JOHN, 53100 PLACID DR SOUTH BEND 46637	AN	256	KULSAK DINUN, CHAIRAT, 6111 HARRISON ST MERRILLVILLE 46410	PD	174
KROCZEK, STEPHEN, ERIC, 1225 E COOLSPRING MICHIGAN CITY 46360	OPH	178	KUNKLER, ARNOLD, W., 1700 N 7TH ST TERRE HAUTE 47804	GS	298
KRSEK, ARCHIE, JOHN, 10 N MICHIGAN ST HOBART 46342	GP	174	KUNKLER, WM, CHAS, 1119 SOUTH CENTER ST TERRE HAUTE 47802	GS	298
KRUEGER, BARBARA, J JACOBS, 946 N JEFFERSON ST HUNTINGTON 46750	R	130	KUNTZ, HERMAN, WM, 5317 E 16TH ST NO 7 INDIANAPOLIS 46218	OTO	134
KRUEGER, JOHN, EDWARD, 1146 DUNROBBIN LANE SOUTH BEND 46614	AN	258	KURLANDER, GERALD, JAY, 7917 SPRING MILL ROAD INDIANAPOLIS 46260	R	134
KRUEGER, JOHN, EUGENE, 5717 S ANTHONY BLVD FORT WAYNE 46806	GP	082	KURTZ, PHILIP, LOUIS, 1230 KINGS COVE COURT INDIANAPOLIS 46260	1M	134
KRUEGER, ROBT, B., 2739 CENTRAL AVE COLUMBUS 47201	GP	014	KURTZ, RICHARD, 3351 N MERIDIAN INDIANAPOLIS 46208	OTO	134
KRUEGER, THOS, PAUL, 611 HARRIET ST STE 301 EVANSVILLE 47710	NS	296	KURTZ, ROBERT, S., 202 SW ST TIPTON 46072	FP	290
KRYSZEK, STANLEY, HENRY, 1919 N CAPITOL AVE INDIANAPOLIS 46202	OM	134	KUYKENDALL, GERALD, LEE, 400 EIGHTH AVE TERRE HAUTE 47804	1M	298
KU, MARSHALL, JU-CHUAN, 802 LAPORTE AVE VALPARAISO 46363	PD	230	KWITNY, ISADORE, JACOB, 2206 BOSTON CT NO A INDIANAPOLIS IN 46208	1M	134
KUBIK, FRANCIS, JOS, 902 PINE ST MICHIGAN CITY 46360	ABS	178	LA DINE, CLARENCE, B., 5417 N MERIDIAN INDIANAPOLIS 46208	GP	134
KUBLEY, JAMES, DANL, 304 NORTH WALNUT ST PLYMOUTH 46563	FP	190	LA FOLLETTE, FORREST, R., 2450 169TH ST HAMMOND 46323	GP	174
KUBLEY, JAMES, DUANE, 304 N WALNUT ST PLYMOUTH 46563	GP	190	LA FOLLETTE, JAMES, WARREN, 639 AUTO MALL RD BLOOMINGTON 47401	FP	214
KUDELE, LOUIS, THOS, 1700 DAVIS AVE WHITING 46394	AN	174	LA FOLLETTE, ROBT, E., 1000 E SPRING ST NEW ALBANY 47150	GP	078
KUHN, ARTHUR, J., 7905 CALUMET AVE MUNSTER 46321	OTO	174	LA SALLE, RICHARD, MAHLON, 645 N SPRING ST WABASH 46992	FP	302
KUHN, FREDERICK, LEE, P O BOX 6275 SOUTH BEND 46615	OM	258	LA SALLE, ROBT, M., 1025 MANCHESTER AVE WABASH 46992	GP	302
KUHN, ROBT, WOODROW, MAIN ST WILKINSON 46166	FP	110	LA SALLE, WILLIAM, B., 5050 N CLINTON FORT WAYNE 46605	ORS	082
KUIPERS, FRED, MERRILL, 2600 GREENBUSH ST LAFAYETTE 47904	CD	286	LABITAN, CESAR, CANONIGO, ST CATHERINE HOSP EAST CHICAGO 46312	EM	174

LACERA,DONALDO,E, ST MARGARET HOSP DEPT-PTH HAMMOND 46320	PTH	174	LANCET,ROBT,ORVILLE, 221 S 6TH TERRE HAUTE 47801	GP	298
LADIG,DONALD,STEEES, 3610 BROOKLYN AVE FORT WAYNE 46807	GP	062	LAND,RICHARD,NELSON, 2009 BROWN ST ANDERSON 46014	R	186
LAHR,RICHARD,E, PURDUE STUDENT HOSP WEST LAFAYETTE 47906	GP	096	LANDIS,CHAS,BYRON, 505 S 7TH ST LAFAYETTE 47901	OM	286
LAI,EDWARD,MING-CHE, 1505 N 7TH ST P O BOX 1466 TERRE HAUTE 47803	PTH	298	LANDS,ROBT,MASON, 2449 EAST LAKESHORE DR LAKES OF THE FOUR SEASONS CROWN POINT 46307	FP	230
LAI,NAN,YER, 840 LINCOLNWAY VALPARAISO 46383	OBG	230	LANDWEHR,ALFONS, 5217 LEONE PL INDIANAPOLIS 46226	PUD	134
LAKER,GENE,CARROLL, 2407 FAIR OAK DR FORT WAYNE 46809	GP	082	LANE,C,ELAINE LASHLEY, 2840 N HIGH SCHOOL RD SPEEDWAY 46224	IM	134
LAKER,RICHARD,JOHN, 2407 FAIROAK FORT WAYNE 46809	GP	082	LANE,WM,HENRY, 604 N MICHIGAN ST SOUTH BEND 46601	AN	258
LALANI,ABDUL,SULTAN, 6916 W JOHNSON RD LA PORTE 46350	OTO	178	LANG,JAY,WM, 5435 EMERSON WAY N #115 INDIANAPOLIS 46226	AN	134
LAMB,EMMETT,B, 3120 N MERIDIAN ST INDIANAPOLIS 46208	GS	134	LANGSTON,EDWARD,LEE, ST MARYS HOSP DEPT OF F P 3700 WASHINGTON AVE EVANSVILLE 47750	FP	296
LAMB,FRED,KELLEY, THE ELKHART CLINIC BOX 2507 ELKHART 46514	N	070	LANMAN,JOHN,U, 716 SEBERGER MUNSTER 46321	IM	174
LAMB,J,LEONARD, 104 OHIO ST WESTWOOD SUBDIVISION WHITESBURG KY 41658	OBG	258	LANNING,ROSCOE,A, 998 NORTH DR NOBLESVILLE 46060	GP	106
LAMB,RUSSELL,WALTER, 3120 N MERIDIAN ST INDIANAPOLIS 46208	OM	134	LAPP,MICHAEL,ERWIN, 3266 N MERIDIAN INDIANAPOLIS 46208	CD	134
LAMBER,CHET,KELLER, 400 BOARD OF TRADE BLDG INDIANAPOLIS 46204	GS	134	LARDIZABAL,JOSE,MARQUEZ, P O BOX 48 BLOOMFIELD 47424	GP	102
LAMBERT,DESTROY,WAYNE, DOCTORS PARK R R NO 4 TIPTON 46072	IM	290	LARGAESPADA,MANUEL, 549 S FLEMING INDIANAPOLIS 46241	GS	134
LAMKIN,EUGENE,HENRY, 1935 N CAPITOL INDIANAPOLIS 46202	IM	134	LARKIN,GREGORY,NEIL, 600 NORTH ARLINGTON ST GREENCASTLE 46135		242
LAMPE,ELFRED,H, 2828 FAIRFIELD AVE FORT WAYNE 46807	OBG	082	LARMORE,JOS,LOWMAN, 612 ANDERSON BANK BLDG ANDERSON 46016	OPH	186
LAMPTON,LAWRENCE,M, 6311 SUNSET LANE INDIANAPOLIS 46260	PUD	134	LARMORE,ROBERT,HUGHEL, 2828 S FAIRFIELD AVE FORT WAYNE 46807	OPH	082
			LARSON,ARTHUR,NORMAN, 1751 N JEFFERSON ST HUNTINGTON 46750	GS	130

LARSON, MICHAEL, S, 7905 CALUMET MUNSTER 46321	P	174	LEBIODA, HENRY, STANLEY, 230 MORINGSIDE GARY 46408	GP	174
LASICH, ANTHONY, R, 1815 N CAPITOL AVE INDIANAPOLIS 46202	ORS	134	LEE, ALMON, SEEMAN, 9147 ELMWOOD DR MUNSTER 46321	IM	174
LAUBSCHER, CLARENCE, A, 1201 LAUBSCHER RD EVANSVILLE 47710	GP	296	LEE, DANG-TZUOH, 414 E 86TH ST MERRILLVILLE 46410	OBG	174
LAUDEMAN, WALTER, A, 1515 N A ST ELWOOD 46036	GP	186	LEE, DOMINGO, KING, 3901 S EAST ST INDIANAPOLIS 46227	PM	134
LAUTZ, HERBERT, A, 7905 CALUMET AVE MUNSTER 46321	OTO	174	LEE, GLEN, WARD, 100 N 15TH ST RICHMOND 47374	U	314
LAUTZENHEISER, RICHARD, L, 8330 NAAB ROAD SUITE 313 INDIANAPOLIS 46260	RHU	134	LEE, HYUNG, SOO, 227 S 2ND ST DECATUR 46733	GS	010
LAVELLE, THOS, FRANCIS, 720 EAST CEDAR ST NO 260 SOUTH BEND 46617	PUD	258	LEE, JAMES, C, 465 S 25TH ST TERRE HAUTE 47803	PTH	298
LAW, YU, HONG, R R 6 BOX 220 VALPARAISO 46383	GS	230	LEE, JOHN, W, 5050 N CLINTON FORT WAYNE 46825	ORS	082
LAWLER, JOHN, FIELDING, 421 CHESTNUT ST EVANSVILLE 47713	GS	296	LEE, LORIN, LESLIE, 3530 S KEYSTONE SUITE 111 INDIANAPOLIS 46227	OBG	134
LAWRENCE, JAMES, MELTON, 8036 GUNNERY CIR INDIANAPOLIS 46278	OPH	134	LEE, MU-RONG, 1211G GRANT ST CROWN POINT 46307	OBG	174
LAWRENCE, JOSEPH, C, 611 HARRIET ST STE 401 EVANSVILLE 47710	ORS	296	LEE, RICHARD, V, BLOOMINGTON HOSP BOX 1149 BLOOMINGTON 47401	OS	214
LAWSON, ALLAN, JOHN, 2020 W 86TH ST INDIANAPOLIS 46260	PD	134	LEE, ROBT, YING, 808 E LINCOLNWAY VALPARAISO 46383	GP	230
LAWSON, LAWRENCE, JOS, 2108 WEST MC GALLIARD ROAD MUNCIE 47304	GS	062	LEFFEL, JAMES, M, R R 3 BOX 111 ZIONSVILLE 46077	GS	134
LAWTON, DENIS, FREDERICK, 715 BITTERSWEET MUNCIE 47304	FP	062	LEFFLER, WM, T, 2141 E 52D ST INDIANAPOLIS 46205	GP	134
LEAHEY, JEROME, MARTIN, R R 2 UNION CITY 47390	GP	246	LEGA, ROBT, EUGENE, 207 SPARKS AVE JEFFERSONVILLE 47130	PD	034
LEAHY, HOWARD, JOS, P O BOX 150 PENDLETON 46064	GP	186	LEHMAN, EVAN, LYNN, 2020 W 86TH ST INDIANAPOLIS 46260	OBG	134
LEAK, ROBT, H, BOSWELL 47921	GP	018	LEHMAN, KENNETH, MAX, TOPEKA 46571	GP	170
LEATHERMAN, HARTER, L, 4940 ALLISONVILLE RD NO B INDIANAPOLIS 46205	OS	134	LEHMANN, DALE, ELBERT, 8830 WHETSTONE RD EVANSVILLE 47711	END	296

LEHMBERG, OTTO, F C, 118 E VAN BUREN ST COLUMBIA CITY 46725	GP	326	LEVATIN, BERNARD, I, 919 E JEFFERSON ST SOUTH BEND 46622	U	258
LEIBUNDGUTH, HENRY, P O BOX 5166 EVANSVILLE 47715	ORS	296	LEVI, LEON, 8402 HARCOURT RD INDIANAPOLIS 46260	IM	134
LEINBACH, EARL, R, HAMLET 46532	GP	274	LEVIN, HARVEY, JOS, 2450-169TH ST HAMMOND 46323	GS	174
LEIPHART, CHAS, JOS, 2401 UNIVERSITY AVE MUNCIE 47303	R	062	LEVIN, MARC, A, 7905 CALUMET MUNSTER 46321	NS	174
LEIPOLD, JON, DAVID, 634 NORTH LAFAYETTE SOUTH BEND 46601	P	258	LEWALLEN, STEVEN, ISAAC, 204 LAKEWOOD DR BLOOMINGTON 47401	FP	214
LEMAN, EUGENE, 6111 HARRISON ST MERRILLVILLE 46410	R	174	LEWIS, GEO, NORWOOD, 3937 ROLL AVE BLOOMINGTON 47401	IM	214
LEMPKE, LLOYD, WM, 1501 HARTFORD ST STE 1 LAFAYETTE 47904	ORS	286	LEWIS, JAMES, RICHARD, 1200 CHESTER BLVD RICHMOND 47374	IM	314
LENK, GEO, GUSTAVE, 1805 E WASHINGTON BLVD FORT WAYNE 46803	OM	082	LEWIS, LUCIEN, A, 2200 GRANT ST GARY 46404	PD	174
LENOX, JACK, LEONARD, 1202 N LEBANON LEBANON 46052	GP	022	LEWIS, PAUL, STANLEY, 6357 ROCKVILLE RD INDIANAPOLIS 46224	GP	134
LENTINI, NINO, RUDOLPH, 1524 WASHINGTON ST NEW CASTLE 47362	ORS	122	LEWIS, R, EARL, 2555 DAVIS RD INDIANAPOLIS 46259	OS	134
LENTZ, WM, CHAS, 2828 FAIRFIELD AVE FORT WAYNE 46807	D	082	LEY, GLEN, DAVID, 400 E 3RD ST BLOOMINGTON 47401	IM	214
LENYO, LUDIMERE, 400 8TH AVE TERRE HAUTE 47804	IM	298	LEY, LARRY, J, 2009 BROWN ST ANDERSON 46014	U	186
LEON, MARIO, 721 W 13TH ST JASPER 47546	GP	066	LIBBERT, EDWIN, L, 3985 OFFSHORE DR COLUMBUS 47201	R	014
LEONARD, DALE, FORREST, 449 E MAIN ST HAGERSTOWN 47346	GP	314	LIBUNAO, ARTEMIO, SANTOS, RFD-2 VERSAILLES 47042	GP	250
LESER, RALPH, ULRICH, 3901 N MERIDIAN ST INDIANAPOLIS 46208	IM	134	LICHTENBERG, MELVIN, 1717 W 86TH ST INDIANAPOLIS 46260	GP	134
LESHNOWER, ALAN, C, 1213 N ARLINGTON INDIANAPOLIS 46219	GS	134	LIDDELL, CHAS, KEALLY, 1225 E COOLSPRING MICHIGAN CITY 46360	GS	178
LESSURE, ALFRED, P, 421 CHESTNUT ST EVANSVILLE 47713	R	296	LIDIKAY, EDWARD, C, 5506 E 16TH STREET INDIANAPOLIS 46218	ORG	134
LETT, E, BRISCOE, 404 JOHN F KENNEDY AVE LOGOOTEETEE 47553	GP	046	LIEBSCHUTZ, NORMAN, HELFT, 652 NORTH GIRLS SCHOOL RD INDIANAPOLIS 46224	PD	134

LIFE,HOMER,LAWRENCE, 7672 COVE TERRACE SARASOTA FL 33581	GS	122	LINSON,JOHN,CARMEN, 205 N PINE ST SEYMOUR 47274	GP	136
LILAGAN,FLORENTINO,RAMOS, 20600 ARCADEAN DR OLYMPIA FIELDS IL 60461	GS	174	LIONBERGER,JOHN,R, 919 E JEFFERSON BLVD SOUTH BEND 46622	R	256
LIM,NUNILON,CARRANZA, 1823 EAST 8TH ST APT EIN ANDERSON 46012	IM	186	LIPSEY,ALFRED,JOS, 7550 HOHMAN AVE MUNSTER 46321	R	174
LIM,YOUNG,S, 9933 PETERSBURG RD EVANSVILLE 47711	PTH	296	LIPSON,JOHN,DAVID, 2530 SANDCREST BLVD COLUMBUS 47201	GS	014
LIMCACO,OSCAR,GARCIA, 2929 S FIRST ST TERRE HAUTE 47802	NS	298	LISS,EMANUEL,C, 119 S EDDY ST SOUTH BEND 46617	D	258
LIN,SHOU-GEM, 6111 HARRISON ST MERRILLVILLE 46410	GS	174	LITTLEFIELD,PAUL,ARTHUR, 1815 N CAPITOL AVE APT 301 INDIANAPOLIS 46202	AN	134
LIN,YNG,CHERNG, 422 S BUFFALO ST WARSAW 46580	GS	166	LITTLEFIELD,SHIRLEY,D, 4040 CROOKED CREEK OVERLOOK INDIANAPOLIS 46208	AN	134
LIND,JAAP,J, 2600 GREENBUSH LAFAYETTE 47901	ORS	286	LITZENBERGER,SAM,W, 23 WONSON ST GLOUCESTER MA 01930	U	186
LINDENBORG,PAUL,GUSTAV, 6431 CREEKSIDE LN INDIANAPOLIS 46220	GP	134	LIVINGSTON,PETER,HOWARD, 1775 SADDLER DRIVE BEDFORD 47421	U	182
LINDGREN,IVAN,THURE, 223 MECHANIC ST AURORA 47001	GP	050	LLOYD,FRANK,P, METHODIST HOSP INDIANAPOLIS 46202	GS	134
LINDSAY,HAMLIN,BERRY, 511 E MAIN WASHINGTON 47501	GS	046	LLOYD,JOE,REID, 107 JOHN ST NOBLESVILLE 46060		106
LINDSETH,RICHARD,E, I U MEDICAL CTR INDIANAPOLIS 46202	ORS	134	LLOYD,ROBT,PAUL, 723 FULTON ST FORT WAYNE 46802	GS	082
LING,JOHN,FRANCIS, 1250 CHESTER BLVD RICHMOND 47374	IM	314	LO SASSO,ALVIN,M, I U MED CENTER INDIANAPOLIS 46202	AN	134
LINGE,CARL,HARBOURT, 401 S E 6TH ST EVANSVILLE 47713	DR	296	LOCKE,ROBT,ALLEN, 5943 HOOVER RD INDIANAPOLIS 46208	AN	134
LINGEMAN,RALEIGH,E, 1100 W MICHIGAN RM 56-A INDIANAPOLIS 46202	OTO	134	LOCKHART,JACK,MACK, 707 W 3RD ST CONNERSVILLE 47331	FP	074
LINK,CHAS,WM, 365 E MAIN ST GREENWOOD 46142	GP	156	LOCKHART,PHILIP,BRUCE, 919 E JEFFERSON BLVD RM 107 SOUTH BEND 46622	R	258
LINK,GOETHE, BROOKLYN 46111	GS	134	LODGE,MARVIN,BERNARD, 4200 MILLERWOOD DR KOKOMO 46901	AN	126
LINK,WM,C, 314 W 1ST ST BLOOMINGTON 47401	GP	214	LOEWENSTEIN,WERNER,L, 300 COLLEGE AVE TERRE HAUTE 47802	GP	296

LOGAN, JAMES, ZIMMERMAN, 1030 N J RICHMOND 47374	ABS	314	LOPEZ, FILEMON, PASION, 2167 GETTLER ST DYER 46311	FP	174
LOGAN, PATRICK, CLIFFORD, 1910 NORTH ARLINGTON INDIANAPOLIS 46216	D	134	LOPEZ, SANTIAGO, A, 8127 MERRILLVILLE ROAD MERRILLVILLE 46410	OBG	174
LOGAN, RICHARD, S, 3124 E STATE ST FORT WAYNE 46805	D	082	LORBER, JAMES, MICHAEL, BOX 852 SHELBYVILLE 46176	GS	266
LOH, HWEI-YA, CHANG, 252 MORNINGSIDE AVE GARY 46406	PTH	174	LORD, GLENN, CLOVIS, 7437 HOLIDAY DR W INDIANAPOLIS 46260	GP	134
LOH, JEROME, WEI-PING, 600 GRANT ST GARY 46402	PTH	174	LORD, THOS, JOS, 8402 HARCOURT RD 113 INDIANAPOLIS 46260	CD	134
LOHMAN, ROBT, M, 4017 S WAYNE AVE FORT WAYNE 46807	GP	082	LOUCK, MICHAEL, 828 W WASHINGTON AVE RENSSELAER 47978	GP	142
LOHMULLER, HERBERT, W, 303 S MAIN ST BLUFFTON 46714	IM	318	LOUDEN, ROBT, W, 1221 E 86TH ST INDIANAPOLIS 46240	GP	134
LOHOFF, LEWIS, C, PROFESSIONAL BLD TELL CITY 47586	GP	222	LOURIE, BERNARD, 421 CHESTNUT ST EVANSVILLE 47713	IM	296
LONA, MARCO, ANTONIO, 3619 MAIN ST EAST CHICAGO 46312	IM	174	LOVALL, LARRY, D, 202 MEADOW DR DANVILLE 46122	FP	134
LONG, MALCOLM, DARRELL, R R 1 BOX 342 WESTFIELD 46074	R	118	LOVE, GEO, NEWTON, 5331 WASHINGTON BLVD INDIANAPOLIS 46220	AN	134
LONG, MAX, RICHARD, 803 S BOOTS ST MARION 46952	GP	098	LOVE, JOHN, WM, 1441 MAPLEWOOD MADISON 47250	P	150
LONG, PAUL, LAPPLE, 828 DRESSER DR ANDERSON 46011	GP	186	LOVE, VINCENT, LOGAN, 1301 S HARRISON ST FORT WAYNE 46802	OM	082
LONGSHORE, ROBT, EUGENE, 1306 WESTBROOK DR KOKOMO 46901	AN	126	LOVELL, MARTIN, HUTSON, 120 W 25TH AVE GARY 46407	GP	174
LONGSTAFF, JOHN, PASCHAL, 715 FIRST AVE EVANSVILLE 47710	P	296	LOVETT, HARVEY, D, 100 N 9TH ZIONSVILLE 46077	GP	022
LOOMIS, CHAS, HENRY, 1030 N J ST RICHMOND 47374	GS	314	LOVING, JURY, BAKER, NEW GOSHEN 47863	GP	298
LOOP, FREDERICK, ADDISON, 296 PARK LANE WEST LAFAYETTE 47906	GS	286	LOWE, JOHN, CHARLES, 1303 N ARLINGTON AVE INDIANAPOLIS 46219	IM	134
LOPEZ, ALFONSO, ESCOBAR, 717 WEST HIGH ST BOX 1085 PORTLAND 47371	GP	146	LOWES, DONALD, RAY, 3530 S KEYSTONE INDIANAPOLIS 46227	OTO	134
LOPEZ, EFREN, RAUL, 502 AMERICAN BANK BLDG VINCENNES 47591	AN	162	LOZOW, DAVID, 5626 E 16TH INDIANAPOLIS 46218	ORS	134

LUCAS, CLARENCE, A, 2012 BOULEVARD PL INDIANAPOLIS 46202	GP	134	LUTZ, GEORGIANNA, 504 BROADWAY GARY 46402	GP	174
LUCAS, JOHN, THOMAS, 3024 FAIRFIELD AVE FORT WAYNE 46807	CLP	082	LUXENBERG, EDWIN, RALPH, 8 CHASE PARK LOGANSPOET 46947	PD	030
LUCAS, OWEN, HERBERT, 700 SOUTH CALUMET CHESTERTON 46304	FP	230	LUZADDER, JOHN, E, 2113 LAKE SHORE DR L B MICHIGAN CITY 46360	FP	258
LUCE, JOHN, WEBB, 1225 E COOLSPRING AVE MICHIGAN CITY 46360	OBG	178	LUZIETTI, RICHARD, GILBERT, 303 SOUTH MAIN ST BLUFFTON 46714	IM	318
LUCKEY, JAMES, EDWARD, 3 RIVERS NORTH STE 105 FORT WAYNE 46802	AN	082	LY, LILY, ANN U H, 504 W ARCH ST PORTLAND 47371	GP	146
LUDWIG, JEROME, J, 2826 FAIRFIELD AVE FORT WAYNE 46807	U	082	LYBROOK, WM, B, 3004 E 52ND ST INDIANAPOLIS 46205	EM	134
LUDWIG, PAUL, EDWARD, 408 W MARKET ST CRAWFORDSVILLE 47933	OPH	198	LYNCH, HAROLD, DUFF, P O BOX 27 MOUNT VERNON 47620	HEM	296
LUGINBILL, HOWARD, M, 1303 N ARLINGTON AVE-STE 6 INDIANAPOLIS 46219	P	134	LYNN, GENE, EDISON, 1815 N CAPITOL AVE INDIANAPOLIS 46202	P	134
LUK, PETER, 540 TYLER GARY 46402	PTH	174	LYON, WM, COCHRAN, 5005 STRATFORD ROAD FORT WAYNE 46807	P	082
LUKEMEYER, GEO, T, 1100 W MICHIGAN ST INDIANAPOLIS 46202	IM	134	LYONS, CHAS, ROGER, WABASH CLINIC WABASH 46992		302
LUKEMEYER, ST, JOHN, 109 W 12TH ST JASPER 47546	GP	066	LYSTER, RICHARD, F, 2730 E STATE ST FORT WAYNE 46805	ORS	082
LUNA GAMBETTA, MANUEL, R, 110 RIDGE RD MUNSTER 46321	OBG	174	LYTWAKIWSKY, ANATOL, 807-126TH COURT CROWN POINT 46307	PM	174
LUNDEBERG, RALPH, ALVIN, 1212 N BROAD ST GRIFFITH 46319	GP	174	MABEL, THOS, ARTHUR, 901 LAUREL LANE NOBLESVILLE 46060	FP	106
LUNDT, MILO, OLIVER, 330 W LEXINGTON ELKHART 46514	U	070	MAC DONELL, ELDRED, HUGH, 211 N EDDY SOUTH BEND 46617	IM	258
LUNSFORD, THOS, EUGENE, 2020 W 86TH ST INDIANAPOLIS 46260	N	134	MAC DOUGALL, JOHN, D, 1500 ALBANY ST SUITE 702 BEECH GROVE 46107	TS	134
LURGS, JOHN, THEODORE, 1815 N CAPITOL AVE STE 510 INDIANAPOLIS 46202		134	MAC LENNAN, JOHN, CALVIN, 2600 GREENBUSH ST LAFAYETTE 47904	CD	266
LUTHER, WM, C, 3006 EAST LAKE DR S ELKHART 46514	EM	070	MAC LEGG, DONALD, F, 2207 CARLISLE RD WEST LAFAYETTE 47906	PUD	190
LUTZ, ANDREAS, 8136 KENNEDY AVE HIGHLAND 46322	OBG	174	MAC WILLIAMS, ROBT, HAMILL, 320 NORTH MERIDIAN ST INDIANAPOLIS 46204	OM	134

MACATANGAY,EDELINO,L, R R 11 BOX 391-B BLOOMINGTON 47401	GP	214	MAGBAG,WENCESLAO,G, LIN ST CORNER OF 5TH AVE HOLLAND 47541	GP	066
MACHLEDT,JOHN,HENDRIX, 243 S MADISON ST GREENWOOD 46142	GP	158	MAGLINTE,DEAN,D T, 1433 BREWSTER RD INDIANAPOLIS 46260	OS	134
MACIAS,RAFAEL, 2208 AMER NAT'L BANK BLDG SOUTH BEND 46601	CDS	258	MAGNO,JOSE,NOCUM, V A HOSPITAL MARION 46952	P	098
MACKEL,FREDERICK,O, 2609 FAIRFIELD AVE FORT WAYNE 46807	ORS	082	MAGNUSON,CHAS,W, 211 EDDY AT COLFAX SOUTH BEND 46617	GE	258
MACKEL,JERRY,L, 2609 FAIRFIELD AVE FORT WAYNE 46807	ORS	082	MAHANK,CAMIEL,CYRIEL, 303 S MAIN ST MISHAWAKA 46544	OBG	258
MACKENZIE,VERONICA, 4617 EAST 46TH ST INDIANAPOLIS 46226	R	134	MAKOVSKY,THEODORE, 1005 CAMPBELL ST VALPARAISO 46383	GP	230
MACKEY,JOHN,EDWARD, 940 W 58TH ST INDIANAPOLIS 46208	OBG	134	MALACHOWSKI,ROBT,MICHAEL, 6314 N RUCKER INDIANAPOLIS 46220	PD	134
MACRI,PAUL,ANGELO CARL, 427 LINCOLN WAY EAST MISHAWAKA 46544	FP	256	MALAYTER,JAMES,A, 802 LA PORTE VALPARAISO 46383	ORS	230
MACY,GEO,WEBSTER, 5440-25TH ST COLUMBUS 47201	GS	014	MALDIA,GODOFREDO,MAYUGA, 3030 LAKE AVE FORT WAYNE 46805	ON	082
MADARANG,NAPOLEON,M, 2450 169TH ST HAMMOND 46323	GP	174	MALIK,MUHAMMAD,IQBAL, 3232 NORTH MERIDIAN ST WINONA HOSP PATH DEPT INDIANAPOLIS 46208	PTH	134
MADDEN,ROBT,JOHN, 383 LEISURE LANE GREENWOOD 46142	AN	134	MALONE,LEANDER,ALONZO, 2511 NORTH NINTH ST TERRE HAUTE 47804	R	298
MADER,JOHN,H, 1200 CHESTER BLVD RICHMOND 47374	IM	314	MALONEY,CHARLES,D, 8330 NAAB ROAD INDIANAPOLIS 46260	PS	134
MADER,JON,TERRY, 313 14TH ST GALVESTON TX 77550	ID	314	MALOTT,FREDRICK,R, CONVERSE 46919	GP	098
MADLANG,RODOLFO,M, 513 RIDGE RD MUNSTER 46321	U	174	MALOUF,STEPHEN,DAVID, P O BOX 3111 BLOOMINGTON IL 61701	OS	194
MADRILEJO,NORA,GUEVARA, 4102 SLEIGHBELL LANE VALPARAISO 46383	AN	174	MAMARIL,BLAS,FLORES, 1107 E BROADWAY LOGANSPOET 46947	GP	030
MADRILEJO,ROBERTO,B, 4102 SLEIGHBELL LANE VALPARAISO 46383	OM	174	MAMMEN,HAROLD,W, 340 S WHITE RIVER PKWY INDIANAPOLIS 46206	OM	134
MADTSON,ALFRED,R, 1815 N CAPITOL ROOM 307 INDIANAPOLIS 46202	GS	134	MANALO,FRANCISCO,SARENAS, 801 JEFFRAS AVE MARION 46952	AN	098
MADURA,JAMES,ANTHONY, 1100 W MICHIGAN INDIANAPOLIS 46202	GS	134	MANDEL,DARREL,SHELDON, 8315 CLARIDGE RD INDIANAPOLIS 46260	R	134

MANDELBAUM, ISIDORE, INDIANA UNIV MED CTR INDIANAPOLIS 46202	TS	134	MANZANO, EDMUNDO, V, 9513 DOGWOOD LN MUNSTER 46321	AN	174
MANDERS, KARL, L, 5506 E 16TH ST INDIANAPOLIS 46218	NS	134	MANZIE, MICHAEL, WM, 9040 ASHWORTH CT INDIANAPOLIS 46260	ABS	134
MANGAHAS, JOVENCIO, P, 7441 ARKANSAS HAMMOND 46323	FP	174	MARCHAND, EDWIN, VICTOR, 5700 WARD ROAD EVANSVILLE 47711	GP	094
MANGAHAS, VIOLETA, RIVERA, 7441 ARKANSAS AVE HAMMOND 46323	AN	174	MARCUS, MORRIS, C, 3229 BROADWAY GARY 46409	OTO	174
MANHART, DOYLE, BASLER, 501 E 5TH ST SHERIDAN 46069	GP	106	MARHENKE, JON, DAVID, 1815 NORTH CAPITOL AVE NO 202 INDIANAPOLIS 46202	P	134
MANIFOLD, HAROLD, MORRIS, 1920 E 3RD ST BLOOMINGTON 47401	GP	214	MARIANO, ARTURO, S, 46 STONEGATE DR INDIANAPOLIS 46227	OBG	158
MANION, MARLOW, WM, 5132 N NEW JERSEY ST INDIANAPOLIS 46205	OTO	134	MARIENAU, DAVID, J, SUITE 112 MEDICAL ARTS EVANSVILLE 47715	FP	296
MANKIN, WM, J, 1655 N 7TH ST TERRE HAUTE 47801	OPH	298	MARK, GEO, ARTHUR, BOX 1005 ELKHART 46514	IM	070
MANLEY, FLOYD, 6010 COLUMBIA AVE HAMMOND 46320	GP	174	MARKS, HOWARD, HARLEY, 248 W PARK DR HUNTINGTON 46750	GP	130
MANN, MORTIMER, 3266 N MERIDIAN APT 401 INDIANAPOLIS 46208	OPH	134	MARKS, JOHN, SCOTT, 5506 E 16TH ST INDIANAPOLIS 46218	NS	134
MANN, RICHARD, EUGENE, 1405 NORTH ANTHONY BLVD FORT WAYNE 46805	P	082	MARKS, GRA, LEONARD, 815 W CHICAGO AVE EAST CHICAGO 46312	OBG	174
MANNING, GEO, C, 534 W BERRY ST FORT WAYNE 46802	NS	082	MARKS, SALVO, PHILIP, 6860 HOHMAN HAMMOND 46324	OPH	174
MANNING, GEO, WESTON, 1909 LOVEJOY LANE COLUMBIA MO 65201	CHP	296	MARKSTONE, DAVID, HAROLD, 1100 WEST MICHIGAN INDIANAPOLIS 46202	OPH	134
MANNING, K, RANDOLPH, 1815 NORTH CAPITOL AVE INDIANAPOLIS 46202	ORS	134	MAROC, JAMES, ALLEN, 110 RIDGE RD MUNSTER 46321	GP	174
MANNION, RODNEY, ANTHONY, FOX VILLAGE MED BLDG LA PORTE 46350	U	178	MARQUINEZ, ADORACION, A, 5217 HOHMAN AVE HAMMOND 46320	AN	174
MANSHIP, CECIL, STANLEY, BOX 118 HARDINSBURG 47125	GP	310	MARQUIS, GORDON, 211 N EDDY AT COLFAX SOUTH BEND 46617	OTO	256
MANSUETO, MARIO, DANL, 509 RIDGE RD MUNSTER 46321	HNS	174	MARR, GRIFFITH, R R 1 BOX 10 MARR ROAD COLUMBUS 47201	AN	014
MANZANARES, AUSTACIO, F, 2920 OHIO BLVD TERRE HAUTE 47803	AN	298	MARRESE, ROCCO, A, 801 ST MARYS DR SUITE 202 EVANSVILLE 47715	ORS	296

MARSH,CARL,M, 101 N SHORTRIDGE RD INDIANAPOLIS 46219	GP	134	MARTZ,BILL,L, 216 W TILDEN RD BROWNSBURG 46112	PA	134
MARSH,GEO,WILBUR, 1216 HOWELL ST LAFAYETTE 47904	GP	286	MARTZ,CARL,D, 8402 HARCOURT RD APT 209 INDIANAPOLIS 46260	ORS	134
MARSHALL,THOMAS,WENDELL, 3200 SYCAMORE COURT COLUMBUS 47201	ORS	014	MARVEL,HOWARD,ROLAND, 2600 GREENBUSH ST LAFAYETTE 47902	A	286
MARSHALL,WILBUR,JAMES, 7905 CALUMET AVE MUNSTER 46321	OBG	174	MARVEL,JAMES,ANDREW, 421 CHESTNUT ST EVANSVILLE 47713	A	296
MARSKE,ROBT,L, 1713 BUFFALO MICHIGAN CITY 46360	PD	178	MARVEL,ROBT,J, 600 ARLINGTON ST GREENCASTLE 46135	IM	242
MARTIN,ALLEN,S, BOX 187 SHIPSHEWANA 46565	GP	170	MASBAUM,NED,PAUL, 1010 EAST 86TH STE 48 INDIANAPOLIS 46240	P	134
MARTIN,CHAS,F, 5610 SOUTH YORK RD SOUTH BEND 46614	R	258	MASCHMEYER,ROBT,HENRY, R R 1 BOX 122A ZIONSVILLE 46077	D	134
MARTIN,DAVID,LEE, R R 4 BOX 152 PENDLETON 46064	D	186	MASON,BERNARD,A, 211 NORTH EDDY ST SOUTH BEND 46617	IM	256
MARTIN,DONALD,LANE, 304 E MARKET ST SALEM 47167	GP	310	MASON,DONALD,GOODING, 112 S WAYNE ST ANGOLA 46703	GP	278
MARTIN,FREEMAN, 3901 N MERIDIAN INDIANAPOLIS 46208	GP	134	MASON,EARL,JAMES, 540 TYLER STREET GARY 46402	PTH	174
MARTIN,JOHN,PHILLIP, 105 THREE RIVERS NORTH FORT WAYNE 46802	AN	082	MASON,EVERETT,ELMORE, 3700 BELLEMEADE EVANSVILLE 47715	GP	296
MARTIN,LOREN,HAROLD, 2626 W WASHINGTON ST INDIANAPOLIS 46222	FP	134	MASON,JOHN,CHAS, 7905 CALUMET AVE MUNSTER 46321	GP	174
MARTIN,NOEL,JACKSON, 1509 WASHINGTON ST BOONVILLE 47601	EM	306	MASON,LESTER,MILLARD, MERCHANTS BK BLDG 314 TERRE HAUTE 47801	D	296
MARTINEZ,GUILLERMO,G, 502 3RD ST AURORA 47001	GS	050	MASON,RICHARD,L, 130 RIDGE ROAD MUNSTER 46321	R	174
MARTINEZ,LUIS,DIA, 7905 CALUMET MUNSTER 46321		174	MASSANARI,WALTER,S, 211 EGBERT RD GOSHEN 46526	AN	070
MARTINO,ROBERT,S, 5587 BROADWAY MERRILLVILLE 46410	ORS	174	MASSER,FRANCES,JOAN, 210 SPARKS AV JEFFERSONVILLE 47130	PTH	034
MARTINOV,WM,EDWARD, 720 E CEDAR ST SUITE 130 SOUTH BEND 46617	CDS	258	MASTERS,JOHN,MELVIN, 34 EAST 46TH ST INDIANAPOLIS 46205	OPH	134
MARTIREZ,NAPOLEON,A, 4710 INDIANAPOLIS BLVD EAST CHICAGO 46312	GS	174	MASTRANGELO,MICHAEL,J, 2828 FAIRFIELD AVE FORT WAYNE 46807	GS	082

MATHER, CHAS, R, 2600 GREENBUSH LAFAYETTE 47902	OBG	286	MAY, A, J, 606 BLACK ROAD NEW CASTLE 47362	GP	122
MATHER, GLENN, BURTON, BLOOMINGTON HOSP BLOOMINGTON 47401	NM	214	MAY, RICHARD, MILTON, LACONIA 47135	GP	114
MATHER, ROBT, LINCOLN, 805 PURDUE NATIONAL BANK BLDG LAFAYETTE 47901	OPH	286	MAYHUE, HUGH, WAYNE, 207 SPARKS AVE JEFFERSONVILLE 47130	OBG	034
MATHEU, HERACLEO, I, 733 S BUFFALO WARSAW 46580	P	166	MAYOCK, PETER, PAUL, 303 S MAIN ST BLUFFTON 46714	D	316
MATHEW, PALLIPEEDIKAIL, C, 1775 NORTH JEFFERSON ST HUNTINGTON 46750	GP	130	MAYROSE, RICHARD, SMITH, 1645 NORTH 7TH ST TERRE HAUTE 47602	GP	298
MATHEWS, FRANKLIN, 1502 HARTFORD ST SUITE 102 LAFAYETTE 47904	N	286	MAZDAI, ABOUZARJOMEHR, 707 W 3RD ST CONNERSVILLE 47331	GS	074
MATHEWS, JAMES, R, 901 S MEADOW RD EVANSVILLE 47715	R	296	MC ADAMS, HUGH, BEST, MEDICAL ARTS BLDG 2500 FERRY ST LAFAYETTE 47904	GP	286
MATLOCK, CARL, KENT, 746 NORTH ST GREENFIELD 46140	GP	110	MC ADAMS, ROBT, C, 2011 KOSSUTH ST LAFAYETTE 47905	GP	286
MATTHEW, JOHN, ROBT, 317 CARLSON DR KNOX 46534	GPM	274	MC AFEE, JAMES, RAYMOND, 1608 N LEBANON ST LEBANON 46052	GP	022
MATTHEWS, LELAND, RAY, 421 W 1ST ST BLOOMINGTON 47401	OBG	214	MC ALEESE, GEO, BUCHANAN, 1024 SOUTH 6TH ST TERRE HAUTE 47607	GS	298
MATTHEWS, WM, M, 1100 W MICHIGAN ST INDIANAPOLIS 46202	AN	134	MC ALLISTER, ALLAN, J, 1000 NORTH 16TH STREET NEW CASTLE 47362		122
MATTOX, DEAN, LLOYD, FAMILY PHYSICIANS INC BOX 210 LAGRANGE 46761	GP	278	MC ALPINE, RICHARD, J, WABASH CLINIC 400 ASH ST WABASH 46992	GP	302
MATZEN, RICHARD, NORMAN, 301 SOUTH MAIN ST BLUFFTON 46714	PUD	318	MC ARDLE, MICHAEL, L, 2609 FAIRFIELD AVE FORT WAYNE 46807	ORS	082
MAURER, ROBT, MARION, 111 N WALNUT ST BRAZIL 47834	GP	038	MC AREE, FRANCIS, EDWARD, 5521 OVERBROOK CR INDIANAPOLIS 46226	OBG	134
MAUS, RONALD, TRENT, 800 S BERKLEY KOKOMO 46901	FP	126	MC ART, BRUCE, A, 1332 W INDIANA ELKHART 46514	GS	070
MAUZY, MERRITT, C, 216 SHERLAND BLDG SOUTH BEND 46601	PS	258	MC ATEE, OTT, BENTON, MADISON STATE HOSP MADISON 47250		150
MAXAM, BEVERLY, TRENT, 3524 N MERIDIAN ST INDIANAPOLIS 46208	GE	134	MC BRIDE, J, WILLIAM, PORTER MEM HOSP VALPARAISO 46383	PTH	230
MAXSON, ROY, VERNON, WINDRIDGE OFFICE BLDG STE 115 5435 EMERSON WAY NORTH INDIANAPOLIS 46226	AN	134	MC BRIDE, NOEL, SAMUEL, MERCHANTS BANK BLDG 407 TERRE HAUTE 47801	OPH	298

MC BRIDE,ROBT,EDMUND, P O BOX 341 MICHIGAN CITY 46360	PTH	178	MC CLURE,LARRY,THOMAS, 426 KIMBER LANE EVANSVILLE 47715	FP	296
MC CALLA,CHAS,X, BOX 151 PAOLI 47454	FP	210	MC CLURE,STANLEY,EDWIN, 205 HILLCREST ROAD OAK PARK MONTICELLO 47960	GP	322
MC CALLISTER,JOHN,WM, 3124 E STATE ST FORT WAYNE 46805	GS	082	MC CLURE,WARREN,N, 319 S BERKLEY RD KOKOMO 46901	FP	126
MC CALLISTER,LARRY,LEE, 1616 W MC GALLIARD MUNCIE 47304	GP	062	MC CONNELL,THOS,LEE, 705 S CATALPA DR MUNCIE 47304	FP	062
MC CALLUM,DONALD,CAREY, 1815 N CAPITOL AVE 403 INDIANAPOLIS 46202	U	134	MC CONNELL,WM,CHAS, 512 N MERIDEAN ST SUNMAN 47041	GP	250
MC CALLUM,JAMES,JOS, 8402 N HARCOURT RD STE 610 INDIANAPOLIS 46260	OPH	134	MC COOL,JOE,HENRY, 1 WOODMERE DR EVANSVILLE 47711	P	296
MC CARTHY,JOSEPH,CLARK, R R 3 BOX 748 NEWBURGH 47630	EM	296	MC CORD,GEO,ELLIOTT, 5506 E 16TH ST INDIANAPOLIS 46218	OPH	134
MC CARTHY,LEO,JOS, 532 WELLINGTON ROAD INDIANAPOLIS 46260	PTH	134	MC COY,MELVIN,HOWARD, 415 MULBERRY ST MC COY,ROY,RALSTON, ATTN FRANKLIN PARRISH FT WAYNE NATL BANK TRUST 110 W BERRY ST FORT WAYNE 46802	P	296 082
MC CARTNEY,DONALD,H, 1500 ALBANY ST SUITE 705 BEECH GROVE 46107	ORS	134	MC CREA,FRED,RONALD, 221 S 6TH ST TERRE HAUTE 47801	R	298
MC CARTY,VIRGIL, P O BOX 45 PRINCETON 47670		094	MC CULLOUGH,HENRY,G, R D 4 COLUMBUS 47201	GP	014
MC CASLIN,DAN,LESTER, 1301 S HARRISON ST FORT WAYNE 46802	R	082	MC CULLOUGH,JAMES,Y, 700 E SPRING ST NEW ALBANY 47150	GS	078
MC CLAIN,EDWIN,S, 8402 HARCOURT RD INDIANAPOLIS 46260	OBG	134	MC CURDY,ROBERT,WILLIAM, 2117 E 5 STREET ANDERSON 46012	GS	186
MC CLAIN,MARVIN,LEVI, 384 E MC CLAIN ST SCOTTSBURG 47170	GP	262	MC DANIEL,EDWIN,CORR, 1815 N CAPITOL AVE SUITE 403 INDIANAPOLIS 46202	U	134
MC CLARY,CHAS,WENDELL, 839 AUTO MALL RD BLOOMINGTON 47401	FP	214	MC DONALD,FRANK,C, 365 TROJAN LANE NEW CASTLE 47362	GP	122
MC CLINTOCK,JAMES,A, 316 W ADAMS ST MUNCIE 47305	GS	062	MC DONALD,JOS,DOUGLAS, 4300 LINCOLN AVE EVANSVILLE 47715	GS	296
MC CLOUD,L,C, CLARK COUNTY HOSP JEFFERSONVILLE 47130	PTH	034	MC DONALD,WALTER,EVERETT, 2200 GRANT ST GARY 46404	GS	174
MC CLURE,CHESTER,FERRIS, 112 GARDEN TRAIL POTTAWATTAMIE PARK MICHIGAN CITY 46360	P	178	MC DOUGAL,BUD,HOLLAND, 8402 HARCOURT ROAD NO 417 INDIANAPOLIS 46260	GS	134
MC CLURE,GLEN, 777 N WOLFENBERGER SULLIVAN 47882	GS	282			

MC DOUGAL,ROBT,A, HENDRICKS COUNTY HOSPITAL DANVILLE 46122	PTH	118	MC INTIRE,CLARENCE,R, BOX 1149 BLOOMINGTON 47401	R	214
MC DOWELL,FLETCHER,W, 926 W MAIN ST MUNCIE 47305	GS	062	MC INTOSH,WILBERT, RILEY 47871	GP	298
MC DOWELL,GEO,ARNOLD, 215 MEDICAL CTR BLDG FORT WAYNE 46802	GP	082	MC INTYRE,JAMES,MURRAY, 1815 N CAPITAL INDIANAPOLIS 46202	CRS	134
MC DOWELL,MORDECAI,M, 1322 AUDUBON RD VINCENNES 47591	1M	162	MC KECHNIE,ROBT,KELLAR, 207 SPARKS AVE JEFFERSONVILLE 47130	GP	034
MC DOWELL,RICHARD,LEE, P O BOX 268 FORT WAYNE 46801	PTH	082	MC KEE,HARRY,G, 208 W 1ST ST RUSHVILLE 46173	GP	254
MC EACHERN,CECIL,G, 2424 FAIRFIELD AVE FORT WAYNE 46807	GS	082	MC KEE,ROY,G, 606 N FAIR OAKS NEW CASTLE 47362	GP	122
MC ELROY,JAMES,THOS, 8402 HARCOURT RD INDIANAPOLIS 46260	1M	134	MC KINLEY,A,DAVID, I U MEDICAL CENTER INDIANAPOLIS 46202	CD	134
MC ELROY,ROBT,JON, 515 READ ST EVANSVILLE 47710	1M	296	MC KINLEY,JOS, 2600 GREENBUSH ST LAFAYETTE 47904	U	286
MC ELROY,ROBT,SAML, 116 S MAIN ST PRINCETON 47670	ABS	094	MC KINNEY,DONALD,LEROY, BOX 398 OTTERBEIN 47970	FP	286
MC EWEN,DAVID,AIKIN, 2600 GREENBUSH ST LAFAYETTE 47904	DR	286	MC LAREN,DANL,EDWARD, 6000 E 46TH ST INDIANAPOLIS 46226	FP	134
MC FADDEN,JAMES,M, 2500 FERRY ST LAFAYETTE 47904	PTH	286	MC LAUGHLIN,GORDON,C, 1644 S 25TH ST TERRE HAUTE 47803	PD	298
MC FADDEN,WILBUR,DEAN, 1104 N WAYNE NORTH MANCHESTER 46962	GP	302	MC LAUGHLIN,JAMES,R, 511 E MAIN ST FLORA 46929	GP	026
MC FARLAND,CORLEY,B, 211 NORTH EDDY AT COLFAX SOUTH BEND 46617	OPH	258	MC MAHAN,VIRGIL,CARROL, 609 DU BOIS ST VINCENNES 47591	ORS	162
MC GARVEY,WILLIAM,K, 8402 HARCOURT RD INDIANAPOLIS 46260	OTO	134	MC MEEL,JAMES,EUGENE, 2604 S TWYCKENHAM SOUTH BEND 46614	OM	258
MC GILL,JOEL,LEWIS, 213 EAST CROSS ST BROWNSTOWN 47220	PD	138	MC NEELY,MATTHEW,J, 36 BAY VIEW PARADISE BAY PK BRADENTON FL 33507	GP	050
MC GRAW,WM,ELMER, 1815 N CAPITOL INDIANAPOLIS 46202	DR	134	MC NUTT,CYRUS,CHARLES, 8639 LANCASTER RD INDIANAPOLIS 46260	AN	134
MC ILROY,RICHARD, DOCTOR'S PARK #3 COLUMBUS 47201	U	014	MC PHERSON,RICHARD,CLARK, 2600 GREENBUSH ST LAFAYETTE 47902	GS	286
MC INERNEY,GERALD,T, 9717 W MEADOW PARK DR HALES CORNERS WI 53130	CD	178	MC QUADE,JOHN,ALLEN, 1522 PORTAGE SOUTH BEND 46616	GP	258

MC QUISTON,RALPH,J, 6120 LAWRENCE DR INDIANAPOLIS 46226	OTO	134	MENDOZA,FELICISIMO,SUNGA, 710 PARKWAY DR CAMBRIDGE CITY 47327	GP	074
MC QUISTON,ROBT,DOUGLAS, 20 NORTH MERIDIAN ST INDIANAPOLIS 46204	OTO	134	MENGELT,THOS,PAUL, 1800 NORTH 8 STREET ELWOOD 46036	GP	186
MC WILLIAMS,WM,BRYAN, R R 2 LIBERTY 47353	GP	314	MENKE,WILBER,J, 3050 POPLAR ST TERRE HAUTE 47603	GP	298
MEADE,DONNA,JOAN, 5699 E 71ST ST INDIANAPOLIS 46220	IM	134	MENSCH,JAMES,R, 2120 FOREST PARK BLVD FORT WAYNE 46805	AN	082
MEALEY,JOHN, 1100 W MICHIGAN ST INDIANAPOLIS 46202	NS	134	MENTENDIEK,MARY,ANN, 5699 E 71ST INDIANAPOLIS 46220	IM	134
MEDINA,ANGELINA,VELOIRA, 800 MACARTHUR BLVD SUITE 5 MUNSTER 46321	GP	174	MENTZER,WM,GILBERT, 2400 FERRY ST LAFAYETTE 47904	OBG	266
MEDINA,HERBERT,LEONARDO, 800 MAC ARTHUR BLVD S-5 MUNSTER 46321	GP	174	MERCER,SAML,R, 710 MEDICAL CTR BLDG FORT WAYNE 46802	D	082
MEGENHARDT,DENNIS,S, 3266 N MERIDIAN STE 606 INDIANAPOLIS 46208	GS	134	MERCHO,JEAN,PHARAON, 1213 N ARLINGTON INDIANAPOLIS 46219	GS	134
MEGREMIS,THEODORE,L, BOX 1149 BLOOMINGTON 47401	R	214	MEREDITH,JESSE,H, 202 SOUTH WEST ST TIPTON 46072	FP	290
MEIER,DONALD,W, 303 S MAIN ST BLUFFTON 46714	GS	318	MERICLE,EARL,WM, 8455 WASHINGTON BLVD INDIANAPOLIS 46240	P	134
MEISER,ROBT,DEWITT, BAREFOOT BEACH INN 9450 S THOMAS DR PANAMA CITY BEACH FL 32407	OPH	130	MERKLE,GEO,WALLACE, 303 S MAIN ST BLUFFTON 46714	FP	318
MEISSEL,ROBT,LEE, 1655 N 7TH ST TERRE HAUTE 47804	FP	298	MERNITZ,ROLAND,BALDWIN, 400 ASH ST WABASH 46992	GS	302
MELCHIOR,JEROME,EDWARD, 615 DUBOIS ST VINCENNES 47591	U	162	MERRITT,ARTHUR,D, 1100 W MICHIGAN ST INDIANAPOLIS 46202	GER	134
MELIN,JOHN,R, 3266 N MERIDIAN ST NO 603 INDIANAPOLIS 46208	OBG	134	MERSHON,JACK,B, 118 SUNSET LN WEST LAFAYETTE 47906	PTH	134
MELLINGER,MICHAEL,OWEN, 300 NORTH TOWNLINE ROAD LAGRANGE 46761	GP	170	MERTZ,JOHN,HENRY O, 2010 WEST 86TH ST INDIANAPOLIS 46260	U	134
MELTON,MARVIN,EUGENE, 2001 WEST 86TH INDIANAPOLIS 46260	PTH	134	MESHBERGER,FRANK,LYNN, 3266 N MERIDIAN #302 INDIANAPOLIS 46208	OBG	134
MENCIA,LEON,A, 1050 FIESTA DR GREENWOOD 46142	GS	134	MESSER,FRANK,WILBURN, 115 E RUSH ST KENDALLVILLE 46755	GP	206
MENDELSON,STANLEY,M, 401 E REYNOLDS DR KOKOMO 46901	FP	126	METCALFE,GRANT,EMORY, 919 E JEFFERSON BLVD SOUTH BEND 46622	P	256

MEYER, CLAUDE, JAMES, 207 SPARKS AVE STE 200 JEFFERSONVILLE 47130	GP	034	MILLAN, JOSELITO, LECAROS, MED ARTS BLDG 207 SPARKS AVE JEFFERSONVILLE 47130	NS	034
MEYER, HERMAN, ARTHUR, 1030 W WAYNE ST FORT WAYNE 46604	GP	082	MILLER, ALBERT, JOHN, 2500 FERRY ST LAFAYETTE 47904	PTH	286
MEYER, STEVEN, M, 513 NORTH MICHIGAN ST SOUTH BEND 46601	OPH	258	MILLER, CHARLES, L, 207 SPYGLASS LANE VERO BEACH FL 32960		162
MEYER, THEODORE, OBED, 3728 KIRKWOOD DR FORT WAYNE 46805	OPH	082	MILLER, DENNIS, WARREN, P O BOX 163 ZIONSVILLE 46077	AN	134
MEYERS, MARK, ELMER, 1108 GLEN MOORE CT EVANSVILLE 47715	FP	296	MILLER, DON, EUGENE, 2828 FAIRFIELD AVE FORT WAYNE 46807	IM	082
MEYERS, WM, LOUIS, RT 3 SYRACUSE 46567	GP	070	MILLER, DONALD, C, 13963 MORSE ST CEDAR LAKE 46303	GP	174
MICHAEL, ISAAC, ELDREW, 2020 WEST 86TH ST INDIANAPOLIS 46260	IM	134	MILLER, EDWARD, DWAYNE, 3030 LAKE AVE FORT WAYNE 46805	OPH	082
MICHAEL, ROBT, L, 3423 C S LAFOUNTAIN KOKOMO 46901	GS	126	MILLER, ELGAN, LEE, 305 PROFESSIONAL ARTS BLDG 1919 STATE STREET NEW ALBANY 47150	OBG	078
MICHL, LEON, GEO, R R 1 CANAAAN 47224	GS	150	MILLER, FRANK, HINER, 5506 E 16TH ST INDIANAPOLIS 46216	OPH	134
MIDDLETON, HARVEY, N, 1828 N ILLINOIS ST INDIANAPOLIS 46202	IM	134	MILLER, GALEN, ROBT, 403 9TH ST ELKHART 46514	GS	070
MIDDLETON, RAMONA, J, 1400 HUDSON ST ELKHART 46514	OBG	070	MILLER, GARY, LEE, 1201 MICHIGAN AVE LOGANSPOET 46947	GS	030
MIDDLETON, THOS, O, PO BOX 457 BLOOMINGTON 47401	PD	214	MILLER, HAROLD, EDWIN, 733 W 7TH ST SEYMOUR 47274	GP	136
MIETHKE, RICHARD, PAUL, DELCO RADIO DIV KOKOMO 46901	OM	126	MILLER, HAROLD, L, 1250 CHESTER BLVD RICHMOND 47374	GRS	314
MIKLOZEK, JOHN, EDMUND, 660 IDAHO TERRE HAUTE 47802	GP	298	MILLER, HUGH, A, PECK ACADEMY RD RR #2 CONSTANTINE MI 49042	IM	070
MIKULASCHEK, WALTER, M, 4149 EAGLES ROOST DR INDIANAPOLIS 46234	RHU	134	MILLER, J, THOS, 700 BROADWAY FORT WAYNE 46802	R	082
MILAN, JOS, F, 619 WEST 1ST ST BLOOMINGTON 47401	GS	214	MILLER, JAMES, CATRON, 317 N FRANKLIN ST GREENSBURG 47240	GP	054
MILAN, SHIJACHKI, DUSHAN, 622 W CHICAGO AVE EAST CHICAGO 46312	GP	174	MILLER, JAMES, RALPH, P O BOX 446 WAKARUSA 46573	GP	070
MILLAN, FELIX, 1117 MELBROOK DR MUNSTER 46321	PM	174	MILLER, JERRY, ALLEN, 3266 N MERIDIAN ST NO 407 INDIANAPOLIS 46208	AN	134

MILLER, JERRY, ROLAND, 1100 W MICHIGAN ST INDIANAPOLIS 46202	AN	134	MILLER, STEPHEN, THOS, 5508 E 16TH INDIANAPOLIS 46218	GS	134
MILLER, JOHN, DAVID, 3530 SOUTH KEYSTONE AVE INDIANAPOLIS 46227	PUD	134	MILLER, WAYNE, STARR, 2828 FAIRFIELD AVE FORT WAYNE 46807	GS	082
MILLER, JOS, A, 11929 EAST 65TH ST OAKLANDON 46236	GP	110	MILLER, WM, AMON, 99 S WASHINGTON HAGERSTOWN 47346	GP	122
MILLER, KENNETH, DEVON, BOX 128 WOODBURN 46797	EM	082	MILLER, WM, JACOB, 2828 FAIRFIELD AVE FORT WAYNE 46807	IM	082
MILLER, L, HOYT, 6000 E 46TH ST INDIANAPOLIS 46226	FP	134	MILLER, WM, JOS, 58 THISE COURT LAFAYETTE 47905	R	286
MILLER, LA, VERNE BAXTER, 1421 N MAIN ST EVANSVILLE 47711	GP	296	MILLIS, ARTHUR, B, 1250 CHESTER BLVD RICHMOND 47374	PM	314
MILLER, MARSHALL, S, 421 CHESTNUT ST EVANSVILLE 47713	IM	296	MILLIS, SAM, CLARK, 312 JONES AVE CRAWFORDSVILLE 47933	FP	198
MILLER, MAURICE, 1225 E COOLSPRING MICHIGAN CITY 46360	GP	178	MILLS, FRED, EDWARD, DEACONESS HOSPITAL EVANSVILLE 47710	PTH	296
MILLER, MILTON, JOHN, 15 W FRANKLIN ST EVANSVILLE 47710	GP	296	MILNE, WALTER, SCOTT, 916 WASHINGTON ST MICHIGAN CITY 46360	IM	178
MILLER, ORVAL, JEROME, 1810 KENSINGTON BLVD FORT WAYNE 46805	FP	082	MILOS, ROBT, JOS, 8127 MERRILLVILLE RD MERRILLVILLE 46410	GS	174
MILLER, RAY, DONALD, 546 N LINCOLN ST MARTINSVILLE 46151	GP	202	MIN, DAVID, PYONG-WHA, 800 MACARTHUR BLVD MUNSTER 46321	OBG	174
MILLER, RICHARD, CHAS, 17 W MECHANIC ST SHELBYVILLE 46176	GP	266	MINCZEWSKI, RICHARD, C, 5490 BROADWAY PLAZA MERRILLVILLE 46410	GP	174
MILLER, RICHARD, HENRY, 511 W WAYNE ST FORT WAYNE 46802	GS	082	MINICK, LINUS, J, WHITLEY AT MULBERRY CHURUBUSCO 46723	GP	082
MILLER, ROBT, BENJ, 3124 E STATE ST FORT WAYNE 46805	OTO	082	MINKIN, RONALD, BLAINE, 7905 CALUMET MUNSTER 46321	D	174
MILLER, ROBT, JOHN, RT 3 BOX 180 MARTINSVILLE 46151	GP	202	MINO, ROBT, A, 903 EDGAR ST EVANSVILLE 47710	GS	296
MILLER, ROLAND, EDWARD, 2200 SCOTT ST LAFAYETTE 47904	PD	286	MINTER, DONALD, LEE, 110 W HIGH PARK AVE GOSHEN 46526	GP	070
MILLER, ROSCOE, E, 1100 W MICHIGAN ST INDIANAPOLIS 46202	DR	134	MINTZ, ALFRED, M, 800 MACARTHUR BLVD MUNSTER 46321	ORS	174
MILLER, SAM, T, 5892 EASY STREET APT L NO 25 BRADENTON, FL 33507	GP	070	MIRANDA, CONRADO, R, 702 BROWNE ST WINCHESTER 47394	GS	246

MIRICH, ERNEST, C, 500 WEST LINCOLN HIGHWAY MERRILLVILLE 46410	CD	174	MODISSETT, JACKSON, W, 722 W MAIN ST MADISON 47250	GP	150
MIRRO, JOHN, ANTHONY, 6111 HARRISON MERRILLVILLE 46410	GP	174	MODISSETT, MARCELLA, L S, 722 W MAIN ST MADISON 47250	OBG	150
MIRRO, JOHN, ANTHONY, 124 NORTH MAIN ST CROWN POINT 46307	GE	174	MOE, JOHN, FREDRICK, 3500 LAFAYETTE RD 202 INDIANAPOLIS 46222	FP	134
MISCH, WM, A, 13963 MONSE ST CEDAR LAKE 46303	GP	174	MOELLER, VICTOR, C, 2424 FAIRFIELD AVE FORT WAYNE 46807	GP	082
MISHKIN, IRVING, 209 S 2ND ST ELKHART 46514	GP	070	MOENNING, JOHN, EDWARD, 120 W MC KENZIE GREENFIELD 46140	GS	110
MISHKIN, MARVIN, ELL, 209 S 2ND ST ELKHART 46514	IM	070	MOFFETT, JAMES, B, 701 SARATOGA ST CROWN POINT 46307	A	174
MISHLER, JOE, BILL, BOX 134 PIERCETON 46562	FP	326	MOHEBAN, JOS, 120 W WASHINGTON SHELBYVILLE 46176	GP	266
MITCHELL, GARY, ALAN, 720 EAST CEDAR SUITE 270 SOUTH BEND 46617	NEP	256	MOHLER, FLOYD, W, 2060 DOCTORS PARK DR COLUMBUS 47201	ORS	014
MITCHELL, GEORGIA, BONE, 1706 BROADWAY GARY 46407	GP	174	MOHRMAN, MICHAEL, S, 3217 LAKE AVE FORT WAYNE 46805	FP	082
MITCHELL, JAMES, PAUL, 615 W FIRST ST BLOOMINGTON 47401	AN	214	MOHRS, PAUL, EDWARD, 1001 LIFE BLDG LAFAYETTE 47901	AN	286
MITCHELL, JOHN, B, MEAD JOHNSON CO-RESEARCH DIV EVANSVILLE 47721	PD	296	MOK, LYNN, CHANG, 8500 WHETSTONE RD EVANSVILLE 47711	AN	296
MITMAN, URSULA, E, RR 2 BOX 322 PLAINFIELD 46168	DR	118	MOK, YING, BUNG, 421 CHESTNUT ST EVANSVILLE 47713	ORS	296
MITRE, ISAAC, NAZRI, 1645 NORTH 7TH STREET TERRE HAUTE 47804	OBG	298	MOLENGRAFT, CORNELIUS, J, 504 BROADWAY GARY 46402	OBG	174
MLADICK, EDWARD, A, 1110 INDIANA AVE LA PORTE 46350	ORS	178	MONAR, MICHAEL, O, 6TH AND MAIN ROCKPORT 47635	GP	270
MOAK, GLENN, D, 4339 ROYAL PINE BLVD INDIANAPOLIS 46250	R	134	MONEYHUN, JAMES, EMMETT, 2009 BROWN ST ANDERSON 46014	GP	186
MOATS, CARL, FRANKLIN, 4007 S WAYNE AVE FORT WAYNE 46807	GP	082	MONN, LARRY, NEIL, 5626 EAST 16TH ST INDIANAPOLIS 46218	PS	134
MOAYAD, CYRUS, 1105 E GLNDALE BLVD VALPARAISO 46383	OTO	230	MONTECILLO, ANTOLIN, M, 257 WALNUT ST CLINTON 47842	GP	218
MOCK, LAWRENCE, FARRELL, 303 S MAIN ST BLUFFTON 46714	ORS	318	MONTES, HERMINIO, Y, 7915 HOHMAN AVE MUNSTER 46321	AN	174

MONTGOMERY, CHARLES, E, 5204 WAPITI DRIVE FORT WAYNE 46804	ORS	082	MOORES, WM, BRADLEY, 2205 DURHAM INDIANAPOLIS 46220	D	I34
MONTGOMERY, LALL, G, BALL MEMORIAL HOSPITAL MUNCIE 47303	PTH	062	MOOSEY, LOUIS, 609 S WATER ST UNION MILLS 46382	GP	I78
MONTGOMERY, RALPH, F, 2501 W JACKSON MUNCIE 47303	OBG	062	MOOSEY, NEALE, ANTHONY, 1213 N ARLINGTON INDIANAPOLIS 46219	U	I34
MONTOYA, HENRY, ELMER, 11711 ROLLING SPRINGS DR CARMEL 46032	RHU	I34	MORAN, THOS, EDWARD, 7150 MADISON AVE INDIANAPOLIS 46227	GP	I34
MONTOYA, RUBEN, E, 207 SPARKS AVE JEFFERSONVILLE 47130	AN	034	MOREC, GEO, JAMES, 1007 N I6TH ST NEW CASTLE 47362	PD	I22
MONTUORI, GIULIA, 404 SHOREWOOD COURT VALPARAISO 46383	GPM	I74	MORETTO, THOS, JAMES, R R 2 BOX 337 CARMEL 46032	FP	I34
MOON, CHAS, E, 111 N WALNUT ST BRAZIL 47834	GP	038	MOREY, EDWIN, E, 2828 FAIRFIELD AVE FORT WAYNE 46802	OBG	082
MOORE, DONALD, CHARLES, P O BOX 1480 COLUMBUS 47201	R	014	MORFORD, GUY, 2207 E MAXWELL LNE BLOOMINGTON 47401	AN	214
MOORE, DONALD, FLOYD, 1315 W 10TH ST INDIANAPOLIS 46207	P	I34	MORGAN, MARGARET, ELAINE, 4144 N PENNSYLVANIA INDIANAPOLIS 46205	P	I34
MOORE, EDWIN, GRIFFEN, 26 E 15TH GARY 46407	GP	I74	MORGAN, MILTON, MELVIN, 4628 S CALHOUN FORT WAYNE 46807	GS	082
MOORE, GENE, DOUGLAS, 2700 S 25TH TERRE HAUTE 47802	P	298	MORGAN, RANDALL, C, 636 EAST 21ST AVE GARY 46404	ORS	I74
MOORE, HAROLD, T, 1815 N CAPITOL INDIANAPOLIS 46202	AN	I34	MORGAN, ROBT, JCS, 5626 EAST 16TH ST INDIANAPOLIS 46218	OBG	I34
MOORE, JACK, CONRAD, 1904 W MC GALLIARD RD MUNCIE 47304	IM	062	MORIARTY, JOHN, ROBT, 6130 SMOCK DR INDIANAPOLIS 46227	FP	I34
MOORE, JOHN, MANSFIELD, 3807 SOUTHLAND AVE KOKOMO 46901	OBG	I26	MORRICAL, DAVID, L, 1201 MICHIGAN AVE LOGANSPOORT 46947	IM	030
MOORE, ROBT, GARDNER, RFD 1 BICKNELL 47512	DR	I62	MORRICAL, RUSSELL, J, 5 CHASE PARK LOGANSPOORT 46947	GP	030
MOORE, THOMAS, S, 8801 NORTH MERIDIAN ST INDIANAPOLIS 46260	PS	I34	MORRIS, ROBT, ALLEN, 1309 PARK RD ANDERSON 46011	PD	186
MOORE, THOS, O, 8801 NORTH MERIDIAN ST NO 206 INDIANAPOLIS 46260	FP	I34	MORRIS, ROBT, LYLE, 729 WEST 6TH STREET SEYMOUR 47274	DR	I36
MOORE, WM, GILBERT, OSMIC PLACE LA PORTE 46350	GS	I78	MORRIS, WARREN, VICTOR, 115 W MARION ST MONTICELLO 47960	GP	322

MORRIS,WM,HAROLD, 7905 CALUMET AVE MUNSTER 46321	PD	174	MOSS,HARLAN,B, 1640 N RITTER AVE INDIANAPOLIS 46218	GS	134
MORRISON,ANDREW,LEWIS, 8402 HARCOURT ROAD INDIANAPOLIS 46260	P	134	MOSS,HERSCHEL,C, 1564 N DOWNEY AVE INDIANAPOLIS 46219	GS	134
MORRISON,GEO,GORDON, 209 4TH ST LAWRENCEBURG 47025	GP	050	MOSWIN,JACK,ARTHUR, 7863 BROADWAY MERRILLVILLE 46410	OBG	174
MORRISON,JAMES,TREVOR, 207 N FRANKLIN ST GREENSBURG 47240	GP	054	MOTHERSILL,MARK,HENRY, 3650 N COLLEGE AVE INDIANAPOLIS 46205	A	134
MORRISON,LEWIS,E, I U MED CTR RILEY HOSP A56 INDIANAPOLIS 46202	PS	134	MOULTON,LILLIAN,G, 1 N BARKER AVE EVANSVILLE 47712	CHP	296
MORROW,ROBT,JACKSON, 1317 L ST BEDFORD 47421	GP	182	MOULTRIE,H,CARL, 636 EAST 21ST AVE GARY 46407	IM	174
MORSE,ROBT,PETER, 5316 E 16TH ST INDIANAPOLIS 46218	GP	134	MOUNT,JAMES,LEE, 2900 W 16TH ST BEDFORD 47421	OBG	182
MORTENSON,LELAND,JAMES, 1310 W FOSTER PARKWAY FORT WAYNE 46807	GP	082	MOUNT,MATHIAS,SAML, 148 S LEWIS ST ELCOMFIELD 47424	GP	102
MORTON,JOS,LEWIS, 3272 W 42ND ST INDIANAPOLIS 46208	TR	134	MOUNT,WM,MAXWELL, 20 N 24TH ST LAFAYETTE 47904	A	286
MORTON,PHILIP,MONROE, 4475 SYLVAN RD INDIANAPOLIS 46208	P	134	MOUNTAIN,FRANCIS,B, 930 CENTRAL AVE CONNERSVILLE 47331	IM	074
MORTON,WALTER,PHILLIPS, IND NATL BANK TRUST DEPT INDIANAPOLIS 46205	U	134	MOUSER,ROBT,WINSTON, 6201 N PARK AVE INDIANAPOLIS 46220	GP	134
MORTON,WM,MORGAN, 420 W WASHINGTON ST MUNCIE 47305	IM	062	MUDD,JOS,PAUL, 815 EASTERN BLVD CLARKSVILLE 47130	GP	034
MOSBAUGH,PHILLIP,GEO, 2020 W 86TH ST INDIANAPOLIS 46260	U	134	MUDRONY-SZOKKE,JENO,B, 303 S MAIN ST BLUFFTON 46714	R	318
MOSEMAN,LUKE,B, HOSPITAL ROAD PAOLI 47454	FP	210	MUELLER,EDWIN,C, 901 I ST LA PORTE 46350	GS	178
MOSER,ARTHUR,LEE, 2235 DUBOIS ST WARSAW 46580	GP	166	MUELLER,HILBERT,MARTIN, 211 N EDDY AT COLFAX SOUTH BEND 46617	D	258
MOSER,ROLLIN,HENRY, 105 1ST ST BELLEAIRE BEACH FL 33535	GE	134	MUELLER,LAWRENCE,W, 533 W WASHINGTON BLVD FORT WAYNE 46802	OPH	082
MOSES,ROBT,EARL, 102 E MAIN ST WORTHINGTON 47471	GP	102	MUFTI,ZAHIR-UL-HAQUE, 321 WEST 20TH ST CONNERSVILLE 47331	IM	074
MOSS,BOBBY,LEE, 5310 E 16TH ST INDIANAPOLIS 46218	GP	134	MUHLER,JOSEPH,CHARLES, 3217 LAKE AVE FORT WAYNE 46805	FP	082

MUKHTAR, FUAD, A, 1202 N LUBIANON ST LEBANON 46052	GS	022	MUSNGI, LUCIANO, PESTANAS, 102 S MAIN PENDLETON 46064	GP	186
MULFORD, ROBT, HARRY, 128 NORTH MAIN ST VERSAILLES 47042		150	MUSSELMAN, LAURENCE, K, 500 WABASH AVE MARION 46952	P	098
MULLEN, JAMES, B, 3620 NORTH MERIDIAN ST INDIANAPOLIS 46208	IM	134	MUSSELMAN, ROBT, H, 3610 BROOKLYN AVE FORT WAYNE 46809	FP	082
MULLER, LULLUS, PETER, 5675 WASHINGTON BLVD INDIANAPOLIS 46220	GS	134	MYERS, CHAS, WESLEY, 3350 SALT LAKE RD INDIANAPOLIS 46224	OS	134
MULLER, PAUL, FREDERICK, ST VINCENTS HOSP INDIANAPOLIS 46260	OBG	134	MYERS, GERALD, PAUL, 3123 MISHAWAKA AVE SOUTH BEND 46615	FP	258
MULLER, VICTOR, H, 2859 N MERIDIAN INDIANAPOLIS 46208	PTH	134	MYERS, JERRY, RICHARD, 110 LAKEVIEW DRIVE NOBLESVILLE 46060	OPH	106
MULLICAN, WM, STANLEY, 515 READ ST EVANSVILLE 47710	CD	296	MYERS, PHILIP, ROBT, 408 NORTH SHORE DR EAGLE LAKE EDWARDSBURG MI 49112	OS	258
MULLINIX, F, MICHAEL, 1303 NORTH ARLINGTON INDIANAPOLIS 46219		134	MYERS, RONALD, LEE, COMM MENTAL HEALTH CENTER 285 BIELBY ROAD LAWRENCEBURG 47025	P	050
MUNOZ, JOSE, CUI, 5755 ST JOE ROAD FORT WAYNE 46815	PD	082	MYERS, ROY, VERN, 7710 BETO CIRCLE WEST PALM BEACH FL 33406	OS	134
MURALI, MAGARAL, S, 3000 MEADOWS PKWAY INDIANAPOLIS 46205	IM	134	NACHTNEBEL, KENNETH, LOUIS, 611 HARRIET ST EVANSVILLE 47710	GS	296
MURILLO, HERBERT, LAURON, 9512 PRIMROSE MUNSTER 46321	EM	174	NACINO, IRINEO, MONJE, RR 3 BOX 53 SCHNAPF LANE NEWBURGH 47630	AN	296
MURPHY, EDWARD, U, 1015 HULMAN BLDG EVANSVILLE 47708	OPH	296	NADAS, JOHN, A, 8235 CALUMET MUNSTER 46321	P	174
MURPHY, JOS, FRANCIS, 18225 BURNHAM AVE LANSING IL 60438	P	174	NAGAN, ROBT, FRANCIS, 555 SOMERSET DR INDIANAPOLIS 46260	GS	134
MURPHY, JOSEPHINE, F, 505 W LA SALLE SOUTH BEND 46601	GP	258	NAKAMURA, TAKAMITSU, 7905 CALUMET MUNSTER 46321	OTO	174
MURRAY, ERNEST, C, 2200 S WEBSTER ST KOKOMO 46901	IM	126	NALE, STEPHEN, WAYNE, 1000 EAST SPRING ST NEW ALBANY 47150	FP	076
MURRAY, JOHN, SUMNER, 118 NORTH 2ND ST VINCENNES 47591		162	NALLEY, JAMES, HARRY, R R 3 BOX 198C FRANKLIN 46131	AN	158
MURRAY, RAYMOND, HAROLD, 2252 BLUEGRASS DR INDIANAPOLIS 46208	IM	134	NAPPER, KARL, FRANK, 604 N MICHIGAN SOUTH BEND 46601	AN	258
MUSGRAVE, JOHN, MICHAEL, 2828 FAIRFIELD AVE FORT WAYNE 46807	CRS	082	NASR, AMIN, TOUFIC, 2401 RIGGIN RD MUNCIE 47304	PTH	146

NASSER,WM,KALEEL, 5420 GRANDVIEW DR INDIANAPOLIS 46208	CD	134	NELSON,BRYAN,EDWARD, 2760 25TH ST COLUMBUS 47201	GP	014
NATION,ROBT,DARRELL, 6320 NORTH FERGUSON ST INDIANAPOLIS 46220	FP	134	NELSON,CARL,ALBERT, P O BOX 278 WEST LEBANON 47991	GP	086
NAVAL,JOVENTINO,CRUZ, 124 EAST BARTLETT STREET SOUTH BEND 46601	GP	258	NELSON,DELBERT,WM, 303 SOUTH MAIN ST BLUFFTON 46714	GP	318
NAVARRO,ALFONSO,V, 46 STONEGATE DR STONEGATE PROFESSIONAL PLAZA INDIANAPOLIS 46227	1M	158	NELSON,FRANCIS,DALE, 1951 E FOX ST SOUTH BEND 46613	FP	258
NAVARRO,CASIMIRO,PERALTA, 1725 EAST 56TH ST INDIANAPOLIS 46220	OS	134	NELSON,HAROLD,E, 308 WHITE RIVER BLVD MUNCIE 47303	1M	062
NAY,RICHARD,MARION, 3524 N MERIDIAN INDIANAPOLIS 46208	1M	134	NELSON,JAMES,BERT, 3030 LAKE AVE FORT WAYNE 46825	A	082
NAZARENO,NATIVIDAD,G, MONTEREY 46960	GP	238	NELSON,RAYMOND,E, 206 E BARTLETT ST SOUTH BEND 46601	GP	258
NAZON,YVON, 504 BROADWAY SUITE 1025 GARY 46402	OBG	174	NELSON,ROBERT,R, 206 E BARTLETT SOUTH BEND 46601	FP	258
NEAL,LEONARD,WILSON, 1000 AZALEA DRIVE MUNSTER 46321	FP	174	NELSON,WALFRED,ARTHUR, 559 S LAKE ST GARY 46403	GP	174
NEALE,ALFRED,EUGENE, 1931 BROWN ST ANDERSON 46014		186	NESBIT,LEONARD,LOCKE, 50 RIVER FOREST ANDERSON 46011	OPH	186
NEATHAMER,THOS,ALFRED, 207 SPARKS AVE JEFFERSONVILLE 47130	GP	034	NESTER,HENRY,G, 5324 N PENNSYLVANIA ST INDIANAPOLIS 46220	PH	134
NEDELKOFF,BOGDAN, RD 2 BOX 500H NEW ALBANY 47150	PTH	078	NEUDORFF,LOUIS,GEO, 221 S 6TH ST TERRE HAUTE 47801	IM	298
NEED,DAVID,JOHN, 7150 MADISON AVE INDIANAPOLIS 46227	PD	134	NEUKAMP,FRANK,H, 611 LAS PALMAS SANTA BARBARA CA 93110	GP	074
NEED,LOUIS,T, 3627 BLUFF RD INDIANAPOLIS 46217	GP	134	NEWBY,H,EUGENE, 201 W 4TH ST SHERIDAN 46069	GP	106
NEED,RICHARD,LOUIS, 1600 ALBANY ST BEECH GROVE 46107	1M	134	NEWCOMB,WM,KENDALL, BOX 15B ROYAL CENTER 46978	GP	030
NEER,DAVID,DREW, 7550 HOHMAN AVE STE 300 MUNSTER 46321	N	174	NEWMAN,ALVIN,EDWARD, 2937 CORAL SHORES DR FORT LAUDERDALE FL 33306	OS	296
NEHER,JOHN,LEWIS, 17615 STATE RD 23 SOUTH BEND 46635	GP	258	NEWMAN,DANL,MARQUETTE, 2010 WEST 86TH ST INDIANAPOLIS 46260	U	134
NEIFERT,NOEL,L, PROFESSIONAL REALTY BLDG TELL CITY 47586	GP	222	NEWMAN,KERRY,JON, 540 AUDUBON DR EVANSVILLE 47715	1M	296

NEWNAM, PHILIP, EDWARD, 420 W WASHINGTON MUNCIE 47305	IM	062	NOFZIGER, TERRY, LEE, R R 2 PAOLI 47454	FP	210
NEUNUM, RAYMOND, L, 801 ST MARYS DR NO 309 EVANSVILLE 47715	IM	296	NOHL, JOHN, MARTIN, 457 N EMERSON AVE INDIANAPOLIS 46219	GP	134
NEWSOME, COLA, KING, 415 E MULBERRY ST EVANSVILLE 47713	GP	296	NOLAN, GERALD, ROBT, 5717 S ANTHONY BLVD FORT WAYNE 46806	FP	082
NEWTON, ROGER, EUGENE, 1400 LARK LANE EVANSVILLE 47708	OBG	296	NOLIN, RICHARD, THOS, 313 EAST CARMEL DR NO C CARMEL 46032	GP	134
NG, ANASTACIO, C, 8927 SPICEWOOD RD INDIANAPOLIS 46260	R	134	NONTE, LEO, ROBT, DR PLAZA-611 HARRIET ST EVANSVILLE 47710	GS	296
NICE, WM, ARCHIE, 4437 W TANGLEWOOD BLOOMINGTON 47401	GP	214	NORBERG, CHRISTOPHER, S, 515 NORTH LAFAYETTE SOUTH BEND 46601	OBG	258
NICELY, PAULETTE, ANN G, 7209 SYLVAN RIDGE RD INDIANAPOLIS 46240	GP	134	NORDSCHOW, CARLETON, D, 1100 W MICHIGAN ST INDIANAPOLIS 46202	CLP	134
NICHOLAS, DENNIS, J, 5300 FARHILL RD INDIANAPOLIS 46226	AN	134	NORINS, ARTHUR, LEONARD, 1100 W MICHIGAN INDIANAPOLIS 46202	D	134
NICHOLAS, THOS, DAVID, ROCKVILLE TOWN SQUARE CLINIC ROCKVILLE 47872		218	NORMAN, WILLIAM, H, 115 N PENNSYLVANIA ST RM 1252 INDIANAPOLIS 46204	ORS	134
NICHOLS, HAROLD, GENE, 3005 S MICHIGAN ST SOUTH BEND 46614	P	258	NOROOZI, IRADJ, 16 FAIRWAY DR TERRE HAUTE 47802	OBG	298
NICHOLSON, RAYMOND, WM, 801 ST MARYS DRIVE SUITE 200 EVANSVILLE 47715	FP	296	NORRIS, MAX, S, 3266 N MERIDIAN APT 604 INDIANAPOLIS 46208	IM	134
NICOSIA, JOHN, B, 1802 COLUMBUS DR EAST CHICAGO 46312	GP	174	NORTON, HORACE, 325 KNOLLWOOD WASHINGTON 47501	GP	046
NIE, LOUIS, WM, 3231 N MERIDIAN ST INDIANAPOLIS 46208	P	134	NOURSE, MYRON, H, 2010 WEST 86TH ST INDIANAPOLIS 46260	U	134
NIEDERMAYER, ALFRED, JOS, 960 WASHINGTON AVE EVANSVILLE 47713	EM	296	NOVEROSKE, RICHARD, JOHN, 3901 LINCOLN EVANSVILLE 47715	R	296
NIKSCH, WM, LOUIS, 1005 CAMPBELL ST VALPARAISO 46383	FP	230	NOVY, CHAS, AUGUST, 615 W DENNIS ST GARRETT 46738	GP	058
NILL, JOHN, HENRY, 5717 S ANTHONY BLVD FORT WAYNE 46806	GP	082	NOWLIN, WM, FELBERT, 1000 E 60TH PLACE MERRILLVILLE 46410	GS	174
NOE, WM, ROBT, 380 ASPEN DRIVE CARMEL 46032	GS	182	NUTTER, WYNDHAM, HUNT, 1003 N MORGAN ST RUSHVILLE 46173	GP	254
NOEL, LEONORA, GRUEZO, 422 S BUFFALO WARSAW 46580	PD	166	NUVAL, AUGUSTO, JOSE, 7293 PRINCE DR R R 22 BOX 669 TERRE HAUTE 47802	AN	298

O'BRIAN, EARL, J, 3500 LAFAYETTE RD INDIANAPOLIS 46222	FP	134	ODULIO, BENITO, V, 121 6TH ST MITCHELL 47446	GS	182
O'BRIAN, JOHN, FRANCIS, 3217 LAKE AVE FORT WAYNE 46805	FP	082	ODULIO, BRUNHILDA, IRIS, HWY 60 EAST RFD 2 MITCHELL 47446	IM	182
O'BRIEN, DAVID, MICHAEL, 2400 E 17TH ST COLUMBUS 47201	PTH	014	OEHLER, NANCY, LEE MARTIN, 725 S FOREST AVE BRAZIL 47834	PM	038
O'BRIEN, FRANCIS, EUGENE, WASHINGTON ST RENSSELAER 47976	FP	142	OEHLER, ROBT, CURTIS, 725 SOUTH FOREST AVE BRAZIL 47834	IM	038
O'BRIEN, RAYMOND, J, 1601 FRANKLIN ST MICHIGAN CITY 46360	ORS	176	OEI, TJIEN, OEN, 1100 WEST MICHIGAN ST INDIANAPOLIS 46202	PTH	134
O'BRYAN, RICHARD, BRUCE, 2739 CENTRAL AVE COLUMBUS 47201	PD	014	OFFUTT, ANDREW, CARROLL, 750 N CAMPBELL AVE INDIANAPOLIS 46219	PH	134
O'DONOVAN, CORNELIUS, J, MILES LABS INC ELKHART 46514	IM	070	OGLE, ROBT, WAYNE, P O BOX 507 GREENWOOD 46142	GP	158
O'MALLEY, PATRICK, FRANCIS, 512 SHERLAND BLDG SOUTH BEND 46601	OPH	256	OLDAG, GEO, EDWARD, 1402 SOUTH F ELWOOD 46036	GS	186
O'NEILL, MARTIN, JAMES, 301 WASHINGTON ST VALPARAISO 46363	OS	230	OLDHAM, KATHLEEN, BROUGH, 505 W 106TH ST CARMEL 46032	OS	134
O'ROURKE, CARROLL, 604 W BERRY ST FORT WAYNE 46802	OPH	082	OLSON, DONALD, T, 919 E JEFFERSON BLVD SOUTH BEND 46622	CD	258
OAK, DAVID, DWIGHT, 200 THOMPSON RD HANNA 46340	GP	176	OLSON, KENNETH, L, DIAMOND LAKE CASSOPOLIS MI 49031	R	258
OAK, JOHN, B, 611 HARRIET ST SUITE 304 DOCTORS PLAZA EVANSVILLE 47710	CD	296	OLSON, L, DALE, VALPARAISO ORTHOPEDIC CLINIC 2501 CUMBERLAND DR VALPARAISO 46363	ORS	230
OBERLANDER, SEYMOUR, 3290 GRANT ST GARY 46408	IM	174	OLUFS, RICHARD, DEAN, JONES CLINIC 110 RIDGE RD MUNSTER 46321	PD	174
OCA, CLEMENTE, FERNANDEZ, 207 SPARKS AVE JEFFERSONVILLE 47130	CD	034	OLVEY, OTTIS, NIEL, 420 W KESSLER BLVD INDIANAPOLIS 46208	IM	134
OCHSNER, EDWARD, C, GREENWOOD RADIOLOGY 622 N MADISON AVE GREENWOOD 46142	DR	118	OLVEY, STEVEN, EARL, 4201 WASHINGTON BLVD INDIANAPOLIS 46205	OS	134
OCHSNER, HAROLD, CONRAD, 5850 SUNSET LANE INDIANAPOLIS 46260	R	134	OMSTEAD, MILTON, HARVEY, 110 S 6TH ST PETERSBURG 47567	GP	226
ODRCIC, KAZIMIR, JURAJ, 211 N EDDY SOUTH BEND 46617	OPH	256	ONG, TIONG, GIOK, 802 LA PORTE AVE P O BOX 125 VALPARAISO 46383	GP	230

ONORATO, JOS, J, 2433 S 9TH ST LAFAYETTE 47905	IM	286	OWENS, WALTER, LEE, 421 W 1ST ST BLOOMINGTON 47401	OBG	214
ONYETT, HAROLD, R, P O BOX 358 GREENWOOD 46142	GP	134	OWSLEY, GUY, ARGYLE, 214 N HIGH ST HARTFORD CITY 47348	OTO	062
OPPENHEIM, BERNARD, E, 2023 WHITEWOOD COURT INDIANAPOLIS 46260	NM	134	PAFF, JAMES, RICHARD, 3308 SUSAN DRIVE KOKOMO 46901	PTH	062
ORNELAS, JOS, PAUL, 6111 HARRISON ST MERRILLVILLE 46410	A	174	PAFF, WM, ALFRED, 1509 MEDOW LN ELKHART 46514	IM	070
ORR, W, ROBERT, 12388 EAST JEFFERSON RD MISHAWAKA 46544	ORS	258	PAFLAS, DANL, LA MAR, 3030 LAKE AVE FORT WAYNE 46805	OTO	082
OSBORNE, JOHN, V, 420 W WASHINGTON ST MUNCIE 47305	GS	062	PAGE, OLIVER, WENDELL, 3351 NORTH MERIDIAN ST INDIANAPOLIS 46206	GS	134
OSTER, JACK, H, 1909 BEECH ST VALPARAISO 46383	P	230	PAIK, GUN, SIL, 1225 COOLSPRING AVE MICHIGAN CITY 46360	OBG	178
OSTHEIMER, GEO, JAMES, SUNNYSIDE DR BOX 23 MARTINSVILLE 46151	GP	202	PAINE, GEO, ELSNER, P O BOX 536 BRISTOL 46507	AN	070
OSWALD, ROBT, HAROLD, 326 S E 7TH ST EVANSVILLE 47713	OBG	296	PAINTER, DONALD, SCOTT, 220 MED CTR BLDG FORT WAYNE 46802	OBG	082
OSWALT, JAMES, TELFER, 2900 W 16TH ST BEDFORD 47421		182	PAINTER, LOWELL, WALTER, 124 E FRANKLIN ST WINCHESTER 47394	ABS	246
OTTINGER, C, JOE, 2828 FAIRFIELD AVE FORT WAYNE 46807	N	082	PAIRITZ, FRANK, DAVID, 919 E JEFFERSON BLVD SOUTH BEND 46622	R	258
OVERLEY, TONER, MORTON, 8333 N ILLINOIS ST INDIANAPOLIS IN 46260	P	134	PALMENTER, DOUGLAS, SAMUEL, 3700 BELLEMEADE AVE EVANSVILLE 47715	PD	296
OVERPECK, GEO, H, RR 4 BOX 275 ALEXANDRIA 46001	GP	186	PALMER, BARRON, M F, 5815 CALUMET AVE P O BOX 1278 HAMMOND 46320		174
OWEN, JOHN, ELBA, 11329 ROLLING SPRING DR CARMEL 46032	GS	134	PALMER, HARLEY, PERRY, 1130 FOREST PARK DR FRANKLIN 46131	CLP	158
OWEN, THOS, FREDRIC, 313 N HARRISON ST ALEXANDRIA 46001	GP	186	PALMER, ROBT, W, 5626 EAST 16TH ST INDIANAPOLIS 46218	IM	134
OWENS, RICHARD, LEE, 4531 SHEFFIELD DRIVE BLOOMINGTON 47401	IM	214	PAMINTUAN, FLORINO, GANDO, 7905 CALUMET AVE MUNSTER 46321	CD	174
OWENS, TRACY, CLIFTON, 2211A ROME DR INDIANAPOLIS 46208	P	134	PAN, CHAS, CHIEH-MING, 700 BROADWAY FORT WAYNE 46802	PTH	082
PALMER, ROBERT, M, 2020 W 86TH ST SUITE 305 INDIANAPOLIS 46260	ORS	134	PANCHOLY, NAVIN, CHIMANLAL, 1025 MANCHESTER WABASH 46992	GS	302

PANCNER, RONALD, JERRY, 1812 FORT WAYNE NATL BANK BLDG FORT WAYNE 46802	P	082	PARKE, WM, COULTER, 2335 DUBOIS DR WARSAW 46580	GP	166
PANCOST, VERNON, K, 1000 W MARION ST ELKHART 46514	GP	070	PARKER, E, CAMILLE KILLIAN, 2500 E BROADWAY LOGANSPOET 46947	OPH	030
PANGAN, JESUS, F, 221 S SIXTH ST TERRE HAUTE 47801	IM	298	PARKER, FRANCIS, WM, 2500 E BROADWAY LOGANSPOET 46947	OPH	030
PANGAN, ZANITA, S, 802 LA PORTE VALPARAISO 46383	OBG	230	PARKER, GEO, FRANCIS, 1502 NORTH EMERSON INDIANAPOLIS 46219	PDA	134
PANOS, CONSTANTINE, GEO, 227 S MAIN ST BLUFFTON 46714	GP	318	PARKER, JOHN, CARL, BOX 298 GOODLAND 47948	GP	204
PANSZI, JOSE, G, 2724 WEST NORTH ST MUNCIE 47304	N	062	PARKER, JOHN, FRANCIS, 6508 E WASHINGTON ST INDIANAPOLIS 46219	GP	134
PANTZER, JOHN, GEO, 1815 N CAPITOL AVE NO 312 INDIANAPOLIS 46202	PS	134	PARKS, GEO, OAKS, 720 N SPRING ST HARTFORD CITY 47348	GP	062
PAPADOPOULOS, A, P, 2200 CALIFORNIA ROAD ELKHART 46514	ORS	070	PARKS, HERBERT, EUGENE, 5533 OVERBROOK CIRCLE INDIANAPOLIS 46226	R	134
PAPPAS, EDDIE, THUS, 6429 ARTHUR ST MERRILLVILLE 46410	GP	174	PARMENTER, HARRY, B, 502 AMERICAN BANK BLDG VINCENNES 47591	AN	162
PARAISO, ANTONIO, QUEVEDO, 830 SIM HODGIN PKWY RICHMOND 47374	OBG	314	PARR, ROBT, LOWELL, 5430 E 21ST ST INDIANAPOLIS 46218	PD	134
PARAS, JOSE, LINGKOD JUANE, BATESVILLE IN 47006	GP	250	PARRATT, LOUIS, WARDROP, 504 BROADWAY GARY 46402	GP	174
PAREJA, FRANCISCO, S, 1225 EAST MAIN ST GREENFIELD 46140	GP	110	PARRISH, RICHARD, K, 238 S 2D ST DECATUR 46733	OPH	010
PARGAONKER, MAKRAND, U, 6111 HARRISON ST MERRILLVILLE 46410	GE	174	PARROT, DONALD, JEROME, 810 W STATE ST FORT WAYNE 46808	GP	082
PARIS, DURWARD, WHITEMAN, 614 ARMSTRONG KOKOMO 46901	IM	126	PARSHALL, DALE, BRYAN, ELKHART GEN HOSP ELKHART 46514	R	070
PARIS, JOHN, MERRILL, 1919 STATE ST STE 321 NEW ALBANY 47150	FP	078	PARSONS, ROBT, LA RUE, 919 E JEFFERSON BLVD SOUTH BEND 46622	ORS	256
PARK, BYRON, J, 1250 CHESTER BLVD RICHMOND 47374	ORS	314	PASALICH, JOHN, NOVAK, 6211 COVINGTON ROAD FORT WAYNE 46804	R	062
PARK, HEE, MYUNG, 1608 BREWSTER RD INDIANAPOLIS 46260	NM	134	PASCUZZI, CHRIS, A, 531 N MAIN ST SOUTH BEND 46601	PTH	258
PARK, JASON, Y S, 7619 MONTICELLO DR TERRE HAUTE 47802	P	298	PASTOR, JULIUS, WM, 5901 WASHINGTON AVE EVANSVILLE 47715	AN	296

PATEL, BHARAT, R, 540 TYLER GARY 46402	R	174	PAUL, EUDELL, GEO, 7550 HOHMAN AVE MUNSTER 46321	GS	174
PATEL, BIPINCHANDRA, A, 3350 CARSON AVE INDIANAPOLIS 46227	AN	134	PAUSZEK, ROBT, BRUCE, 6419 JOHNSON ROAD INDIANAPOLIS 46220	PD	134
PATEL, DINESHCHANDRA, A, 110 RIDGE RD MUNSTER 46321	PD	174	PAUSZEK, THOS, B, 916 RIVERSIDE DR SOUTH BEND 46616	OBG	256
PATEL, DINKER, A, 221 SOUTH 6TH ST TERRE HAUTE 47807	FP	298	PAVELKA, RONALD, PETER, 7905 CALUMET MUNSTER 46321	ORS	174
PATEL, KIRIT, T, FAYETTE MEMORIAL HOSPITAL CONNERSVILLE 47331	PTH	074	PAVLICK, THEODORE, JOS, 1001 WALNUT ST EVANSVILLE 47713	OPH	296
PATEL, MANUBHAI, P, COUNTRY CLUB HILLS R R 3 KENDALLVILLE 46755	GS	206	PAYNE, ARTHUR, C, 2020 BROADWAY EAST CHICAGO 46312	GP	174
PATEL, PULKIT, JOITARAM, 7003 WILLIAMSBURG LN TERRE HAUTE 47802	U	298	PAYNTER, MORRIS, BURTON, 115 WHITE HORSE LIV NOBLESVILLE 46060	GP	134
PATEL, RAMESHCHANDRA, I, KEM VIEW MEDICAL CENTER 1251 KEM ROAD MARION 46952	PD	096	PAYNTER, WM, T, 1330 W MICHIGAN ST INDIANAPOLIS 46206	P	134
PATEL, RASHMI, CHIMANLAL, 7550 HOHMAN AVE MUNSTER 46321	GS	174	PAZ PINEDO, JUAN, A, 6049 EAST WASHINGTON ST INDIANAPOLIS 46219	GP	134
PATEL, UPENDRA, H, 7550 HOHMAN AVE MUNSTER 46321	ORS	174	PAZ, LUIS, AUGUSTO, 1007 N 16TH ST NEW CASTLE 47362	U	122
PATHEJA, SURJIT, SINGH, 4001 SLEIGHBELL CT VALPARAISO 46383	DR	230	PEACOCK, NORMAN, F, 219 BEN HUR BLDG CRAWFORDSVILLE 47933	OTO	196
PATIENCE, IAN, M, 1206 SPRING ST JEFFERSONVILLE 47130		034	PEACOCK, ROBT, COWDEN, 2724 W NORTH ST MUNCIE 47303	U	062
PATRICK, EDWARD, A, 2304 INDIAN TRAIL WEST LAFAYETTE 47906		286	PEARCE, ROBT, MICHAEL, 5430 EAST 21ST ST INDIANAPOLIS 46218	P	134
PATRON, LEONARDO, A, 306 BINFORD ST CULVER HOSPITAL CRAWFORDSVILLE 47933	AN	196	PEARCE, ROY, VOYLES, 269 SOUTH 26TH STREET DR TERRE HAUTE 47803	GP	298
PATTERSON, JACK, WALTER, 6211 COVINGTON RD FORT WAYNE 46804	GS	082	PEARCY, MARCENE, P O BOX 987 MARION 46952	U	096
PATTERSON, WM, K, 8 S PARK DR ANDERSON 46011	AN	186	PEARE, REEVE, BURTON, MEDICAL ARTS BLDG 1255 ENGLE ST HUNTINGTON 46750	GP	130
PATTISON, JOHN, DAVID, 131 N WASHINGTON ST MARION 46952	1M	098	PEARSON, HUEY, LAWRENCE, 2314 S HANNA ST FORT WAYNE 46803	GP	082
PATTON, CHAS, NATHAN, 1001 LIFE BLDG LAFAYETTE 47901	AN	286	PEARSON, JACK, WILLARD, 11715 EDEN GLEN DR CARMEL 46032	OBG	134

PEARSON, JOHN, STROTHER, ONE WEST 26TH ST INDIANAPOLIS 46206	OM	134	PERALTA, JOSE, 411 TINSLEY AVE CRAWFORDSVILLE 47933	GS	198
PEARSON, LYMAN, REES, 632 EDGEWATER DR 431 DUNEDIN FL 33528	CRS	134	PERCINEL, AHMET, KEMAL, 801 ST MARYS DR EVANSVILLE 47715	HS	296
PEARSON, WM, EPHRIUM, R R NO 2 BOX 285-A WABASH 46992	GP	302	PEREZ, ADELA, M, 439 JOLIET ROAD DYER 46311	IM	174
PECK, FRANKLIN, B, 8181 LINCOLN BLVD INDIANAPOLIS 46240	IM	134	PEREZ, CESAR, EDELBERTO, P O BOX 622 CARMEL 46032	AN	134
PECK, FRANKLIN, BRUCE, 5856 W LAZY S TUCSON AZ 85713	IM	134	PERKINS, POWELL, LEON, 317 S BERKLEY ST KOKOMO 46901	GS	126
PECK, JAMES, FRANK, 302 N PRINCE ST PRINCETON IN 47670	GP	094	PERRIN, KERMIT, FLOYD, 2701 S ANTHONY BLVD FORT WAYNE 46806	GP	082
PEDDICORD, CLIFFORD, R, R R 3 RENSSELAER 47978	DR	030	PERRIN, NELL JEAN, 10412 HOLIDAY DRIVE CARMEL 46032	PD	134
PEDEN, EMMA, JANE, 1303 N ARLINGTON INDIANAPOLIS 46219	IM	134	PERRY, GUY, FELAND, 605 COTTAGE COHA COLUMBUS 47201	IM	014
PEDUK, MARIA, A, EVANSVILLE STATE HOSP EVANSVILLE 47715	GP	296	PERSON, THEODORE, C, 601 N MILL ST VEEDERSBURG 47987	GP	086
PEIFFER, GERALDINE, M, ST MARGARET HOSP HAMMOND 46320	AN	174	PESARILLO, SERVANDO, N, 401 E REYNOLDS KOKOMO 46901	GP	126
PEIRCE, JAMES, D, 5027 WASHINGTON BLVD INDIANAPOLIS 46205	OM	134	PESIGAN, CONRADO, SISON, 116 SOUTH DELPHIA PARK RIDGE IL 60068	R	174
PELL, DONALD, MC LAURY, 3729 WEST JACKSON ST MUNCIE 47304	IM	062	PETERS, ELMER, E, 830 MAIN ST BROOKVILLE 47012	GP	074
PEMBERTON, JACK, JAMES, 611 HARRIET EVANSVILLE 47710	GP	296	PETERSON, DEWARD, D, 221 S 6TH ST TERRE HAUTE 47801	R	298
PENA, ADELA, P, 7905 CALUMET AVE THE HAMMOND CLINIC MUNSTER 46321	OS	174	PETERSON, JAMES, ARTHUR, ELKHART CLINIC BOX 2507 ELKHART 46514	PD	070
PENKAVA, ROBT, RAY, 611 HARRIET ST EVANSVILLE 47715	DR	296	PETERSON, JOHN, CHAS, 307 MANNING MUNCIE 47303	FP	062
PENN, ROBT, ALLAN, 3820 CENTRAL AVE EAST GARY 46405	GP	174	PETERSON, RONALD, L, 116 E WASHINGTON ST PLYMOUTH 46563	FP	190
PENTECOST, PAUL, SHEETS, STUDENT HEALTH CENTER MUNCIE 47306	AN	062	PETIT, JAMES, M, 620 8TH AVE TERRE HAUTE 47804	P	298
PEPPLE, WALTER, DAVID, P O BOX 107 AUBURN 46706	GP	082	PETITJEAN, HAROLD, GEO, R D 2 HAUBSTADT IN 47639	FP	094

PETRANOFF, THEODORE, V, 2814 QUESTEND S DR INDIANAPOLIS 46222	GP	134	PHIPPS, LELAND, K, R R I BOX 73 UNION CITY 47390	GP	246
PETRASS, ANDREW, 22027 LIBERTY HWY SOUTH BEND 46601	GP	258	PICKEREL, JAMES, W, 221 SOUTH 6TH STREET TERRE HAUTE 47807	OPH	298
PETRICH, PETER, RICHARD, 401 S PERRY ST ATTICA 47918	GP	086	PICKERILL, JAMES, MITCHELL, 3005 GREENBUSH ST LAFAYETTE 47904	GP	286
PETRIN, THOS, JOHN, 7005 GROSVENOR PLACE INDIANAPOLIS 46208	IM	134	PICKETT, MERLE, ELMER, 5800 FAIRFIELD AVE FORT WAYNE 46807	AN	082
PETRY, THOS, NEAL, 110 S UNION ST DELPHI 46923	GP	026	PICKETT, ROBT, D, 3524 N MERIDIAN ST INDIANAPOLIS 46208	IM	134
PETTIS, ARTHUR, GLASCO, METHODIST HOSP GARY 46402	AN	174	PIERCE, EMMETT, C, BOX 708 GREENFIELD 46140	PTH	134
PEYTON, FRANK, WOOD, 2400 FERRY ST LAFAYETTE 47904	OBG	286	PIERCE, GENE, STRATTON, 112 PROF ARTS BLDG-1919 STATE NEW ALBANY 47150	FP	078
PFAFF, DUDLEY, A, 25 EAST 40TH ST APT 5-D INDIANAPOLIS 46205	GYN	134	PIERCE, WM, J, DIAGNOSTIC CYTO CLINIC BRUCEVILLE 47516	PTH	046
PFEIFER, JAMES, MORRIS, P O BOX 366 LAWRENCEBURG 47025	IM	050	PIERCE, WM, JOHN, 915 W CHICAGO EAST CHICAGO 46312	GP	174
PFROMMER, JOHN, R, 2600 GREENBUSH ST LAFAYETTE 47904	AM	286	PIETZ, DAVID, GEO, 303 S MAIN ST BLUFFTON 46714	GE	318
PFUETZE, MAX, ENSIGN, 406 NORTH ST LOGANSPOUT 46947	OM	030	PILE, STAFFORD, WALLACE, 8109 BRAMWOOD COURT INDIANAPOLIS 46250	U	134
PHARES, ROBT, WESLEY, 1712 S MALFALFA RD KOKOMO 46901	AN	126	PILECKI, PETER, J, 1225 E COOLSPRING AVE MICHIGAN CITY 46360	GP	178
PHELPS, JAMES, MICHAEL, 4425 N 250 W WEST LAFAYETTE 47906	R	286	PILLAI, VIJAYAN, V, DUNN MEMORIAL HOSP BEDFORD 47421	GS	182
PHELPS, STEPHEN, ROWLES, 808 SHERLAND BLDG SOUTH BEND 46601	D	258	PILLAY, VIJAYAPRASANTHAN, 1000 EAST 80TH ST SUITE 525 MERRILLVILLE 46410	NS	174
PHILBROOK, SETH, S, 705 HARRISON ST LA PORTE 46350	OPH	178	PILOT, JEAN, 7137 KNICKERBOCKER HAMMOND 46323	PTH	174
PHILLIPS, DAVID, LEE, 3561 N PENNSYLVANIA INDIANAPOLIS 46205	P	134	PIPPENGER, JOS, IRWIN, 310 W JACKSON ST MUNCIE 47305	GP	062
PHILLIPS, DONALD, MICHAEL, 1356 S LAKE PARK HOBART 46342	GP	174	PIPPENGER, WAYNE, GRISE, 1 WESTWOOD DR FRANKFORT 46041	GP	042
PHILLIPS, JOHN, HARMON, 1511 WABASH ST MICHIGAN CITY 46360	GP	178	PITTMAN, JOHN, NORMAN, 201 W 106TH ST INDIANAPOLIS 46290	CDS	134

PITTS, NEAL, CHASE, 303 S MAIN ST BLUFFTON 46714	RHU	318	POMPUTIUS, WM, FRANCIS, GOOD SAMARITAN HOSP 520 SOUTH 7TH ST VINCENNES 47591	PTH	162
PIZZO, ANTHONY, BLOOMINGTON HOSP BLOOMINGTON 47401	PTH	214	PONCHER, JOHN, ROBERT, 1101 E GLENDALE BLVD VALPARAISO 46383	PD	230
PLAIN, GEO, SOUTH BEND CLINIC-211 N EDDY SOUTH BEND 46617	GS	258	PONTAOE, ALEJANDRO, GARCIA, 613 WEINBACH AVE EVANSVILLE 47714	P	296
PLAIN, GEO, L, 1229 RIDGEDALE SOUTH BEND 46614	IM	258	PONTIUS, EDWIN, EUGENE, METHODIST HOSP INDIANAPOLIS 46202	PTH	134
PLANK, RICHARD, S, 1511 WABASH STREET SUITE NO 21 MICHIGAN CITY 46360	R	178	POOLITSAN, GEO, CHRIS, 907 W 2ND ST BLOOMINGTON 47401	IM	214
PLANTE, MICHAEL, T, 2400 FERRY ST LAFAYETTE 47904	OBG	286	POPE, HOWARD, A, 1919 STATE ST SUTE 205 NEW ALBANY 47150	FP	078
PLASTERER, EDWARD, DALE, 1434 CHESTER BLVD RICHMOND 47374	PD	314	POPLAWSKI, HENRY, 202 MARQUETTE MALL BLDG MICHIGAN CITY 46360	GP	178
PLATIS, JAMES, MARK, 1000 E 80TH PL MERRILLVILLE 46410	PS	174	POPP, MILTON, FREDERICK, 3148 PARNELL AVE FORT WAYNE 46805	EM	082
PLAUTZ, JOSEPH, WHEELER, 650 NORTH GIRLS SCHOOL RD INDIANAPOLIS 46224	OBG	134	POPPLEWELL, ARVINE, G, 6555 GLACIER DR INDIANAPOLIS 46217	PUD	134
PLETCHER, WM, DE WITT, ELKHART CLINIC BOX 2507 ELKHART 46514	IM	070	PORACKY, BERNARD, F, 148 SHORE DR BOX 639 OGDEN DUNES PORTAGE 46366	R	230
PLOETNER, EDWARD, JOS, MED ARTS BLDG 721 W 13TH ST JASPER 47546	GS	066	PORAPAIBOON, VEERA, 6600 FILMORE MERRILLVILLE 46410	TS	174
POEHLER, FREDERICK, CHAS, 6 E KENDALL LA FONTAINE 46940	AN	302	PORRO, FRANCIS, WALTHOUR, 3700 WASHINGTON AVE EVANSVILLE 47715	PTH	296
POHNERT, WILLIAM, H, 402 BERKLEY KOKOMO 46901	ORS	126	PORTER, CARL, MORGAN, 124 COOK ST JASONVILLE 47438	GP	102
POLCZ, GYORGY, GYULA, 4604 CARDINAL DR MUNCIE 47304	OS	062	PORTER, GEO, SETH, 900 SIM HODGIN PKWY RICHMOND 47374	OBG	314
POLHEMUS, WARREN, C, 1803 PEARL ST ANDERSON 46016	GP	186	PORTER, JOHN, R, 1122 N LEBANON LEBANON 46052	GP	022
POLITE, NICHOLAS, LOUIS, 837 119TH ST WHITING 46394	OBG	174	PORTER, ROBT, A, 328 EAST FRANKLIN ST WINCHESTER 47394	GP	246
POLLACK, SEYMOUR, LESTER, 511 EDGEWOOD DR NEW CASTLE 47362	N	122	PORTNEY, FRED, R, 7905 CALUMET AVE MUNSTER 46321	U	174
POLYDEFKIS, DIMITRI, GEO, 509 RIDGE RD MUNSTER 46321	P	174	POTTER, BRIAN, S, 1225 E COOLSPRING MICHIGAN CITY 46360	D	178

POTTI,T,K KRISHNAN, 1000 EAST 80TH PLACE MERRILLVILLE 46410	IM	174	PRICE,AMBROSE,MADISON, 1431 N MADISON AVE ANDERSON 46012	GP	186
POTTS,DAVID,R, 2600 GREENBUSH ST LAFAYETTE 47904	OBG	286	PRICE,DAVID,WILDE, 8330 NAAB ROAD INDIANAPOLIS 46260	GS	134
POULOS,JAMES,THOS, 2600 GREENBUSH ST LAFAYETTE 47904	END	286	PRICE,FRANCIS,W, 745 FOREST BLVD ZIONSVILLE 46077	OM	134
POULOS,WARD,ELIAS, 3500 LAFAYETTE RD INDIANAPOLIS 46222	PD	134	PRICE,JAMES,OWEN, 6433 PARK CENTRAL DR W INDIANAPOLIS 46260	GS	134
POWELL,JAMES,PAXTON, 500 WABASH AVE MARION 46952	GS	098	PRICE,ROBT,WHITCRAFT, 2600 OAKLAND AVE ELKHART 46514	P	070
POWELL,MELVIN,JACK, 700 BROADWAY FORT WAYNE 46804	R	082	PRICE,SHIRLEY,G, 421 CHESTNUT ST EVANSVILLE 47713	GS	296
POWELL,RICHARD,CINCLAIR, 5359 HEDGEROW DR INDIANAPOLIS 46226	END	134	PRIDY,MARVIN,EUGENE, 5110 N CLINTON FORT WAYNE 46825	GP	082
POWERS,PAUL,CHAS, 2108 WEST MC GALLIARD ROAD MUNCIE 47304	GS	062	PRIMUS,ROMANA,R, 211 N EDDY ST SOUTH BEND 46617	PD	258
POWERS,WM,RAY, LYONS CLINIC LYONS 47443	FP	102	PROBST,EDWARD,LOUIS, TIPTON PARK PLAZA 360-C PLAZA DRIVE COLUMBUS 47201	D	014
PRATHER,PHILIP,E, 123 MAGNOLIA KOKOMO 46901	FP	126	PROCHOROFF,NICHOLAS, 650 N GIRLS SCHOOL RD INDIANAPOLIS 46224	OBG	134
PRATT,GEORGE,B, 320 RAINTREE DR ZIONSVILLE 46077	R	134	PROUDFIT,CHAS,H, 919 E JEFFERSON ST SOUTH BEND 46622	GYN	258
PRATT,RALPH,MARTIN, 2325 BLACKMORE PL MADISON 47250	PTH	150	PROUGH,WENDELL,ARTHUR, 611 W MARKET ST BLUFFTON 46714	OPH	318
PREDD,ADOLPH,C, 909 MADISON ST LA PORTE 46350	GP	178	PROVINCE,WM,DITMARS, 100 N MAIN ST FRANKLIN 46131	IM	158
PREDD,FLORIAN,MARTIN, 1225 E COOLSPRING AVE MICHIGAN CITY 46360	GS	178	PRUITT,DON,E, RR 8 BOX 144 EVANSVILLE 47711	R	094
PREDEY,THOS, 110 RIDGE RD MUNSTER 46321	GP	174	PRUITT,JACOB,E, 540 TYLER ST GARY 46402	GP	174
PREMUDA,FRANKLIN,FRED, 7042 WOODMAR AVE HAMMOND 46323	EM	174	PRYOR,RICHARD,C, 6111 N COLLEGE AVE INDIANAPOLIS 46220	GP	134
PRESENT,JULIAN,D, 3700 BELLEMEADE AVE EVANSVILLE 47715	FP	296	PUGH,WM,ROBT, 115 S LINCOLN BLOOMINGTON 47401	OTO	214
RIBBLE,ROBT,HOWARD, 5717 ROXBURY CIR INDIANAPOLIS 46226	PTH	134	PULCINI,JOHN,DENNIS, 3700 BELLEMEADE AVE STE 203 EVANSVILLE 47715	PS	296

PULLMAN,GEO,R, 1031 COUNTRY CLUB LANE WARSAW 46580	R	166	RABIN,RONALD,PHILIP, 611 HARRIET ST SUITE NO 504 EVANSVILLE 47710	U	296
PULSKAMP,BERTRAND,H, BOX 55 WOLCOTTVILLE 46795	GP	206	RADCLIFF,FORREST,F, 801 ST MARYS DR EVANSVILLE 47715	ORS	296
PURCELL,LAWRENCE,T, 303 S MAIN ST BLUFFTON 46714	U	318	RADCLIFFE,LEE,EWING, 2464 SYCAMORE LN WEST LAFAYETTE 47906	P	286
PURCELL,RICHARD,J, 443 GLENWOOD DR GRIFFITH 46319	FP	174	RADEMACHER,WADE, 6054 GARVER RD INDIANAPOLIS 46208	ORS	134
PUTERBAUGH,KARL,E, 104 W STATE ST ALBANY 47320	GP	062	RADPOUR,SHOKRI, 315 S BERKLEY RD KOKOMO 46901	OTO	126
PYLE,HAROLD,D, 14432 ARROWHEAD COURT SUN CITY AZ 85351	PD	258	RAGAN,WM,D, 11416 LAKESHORE DRIVE E CARMEL 46032	OBG	134
PYLE,SUSAN,K, 1150 N COLUMBIA ST UNION CITY 47390	GP	246	RAHDERT,RICHARD,F, 2600 GREENBUSH ST LAFAYETTE 47904	CHP	286
QAZI,HARDOON,MOHAMMAD, 1944 NORTH CAPITOL AVE INDIANAPOLIS 46202	PS	134	RAHMAN,SHEIKH,ABDUL, 605 WILSON CREEK RD LAWRENCEBURG 47025		050
QUAKENBUSH,JOHN,PHILLIP, 3421 S LA FOUNTAINE KOKOMO 46901	GP	126	RAHMANY,MOHAMMAD,ASEF, 4321 FIR ST EAST CHICAGO 46312	GP	174
QUICK,WM,JOS, R R 11 BOX 195 MOORE ROAD MUNCIE 47302	GP	062	RAI,SWAROOP, MEDICAL ARTS PLAZA P O BOX 269 HUNTINGBURG 47542	CD	066
QUIGLEY,GEO,JOS, 5506 EAST 16TH ST SUITE 17 INDIANAPOLIS 46218	OPH	134	RAJU,GOPAL,S, FAIRMOUNT CLINIC FAIRMOUNT 46928	GS	098
QUIGLEY,JOS,WM, 6320 NORTH FERGUSON INDIANAPOLIS 46220	GP	134	RAK,RICHARD,ALAN, 619 WEST FIRST ST BLOOMINGTON 47401	NS	214
QUILTY,THOS,JAMES, 112 E MADISON ST GOSHEN 46526	OTO	070	RALSTON,MARC,ALLEN, 2600 GREENBUSH ST LAFAYETTE 47904	OPH	286
QUINN,MICHAEL,GERALD, 531 N MAIN ST SOUTH BEND 46601	PTH	258	RAMAGE,WALTER,FRANCIS, 5440 SHELBYVILLE RD INDIANAPOLIS 46227	GP	134
RABASA,RAFAEL, 303 S MAIN ST SUITE 103 MISHAWAKA 46544	GP	258	RAMAPRAKASH,H,N, 2828 FAIRFIELD AVE FORT WAYNE 46807	OBG	082
RABB,HARRY,SOLOMON, ROUTE 1 BOX 1810 NINEVEH 46164	OS	134	RAMASWAMY,C,P, 1116 MILLIS AVE BOONVILLE 47601	ORS	306
RABELO,JOHN,SEGUNDO, BOX 96 BEVERLY SHORES 46301	AN	230	RAMKER,DANL,THEODORE, 7040 KENNEDY ST HAMMOND 46323	GS	174
RABER,ROBT,M, 3266 NORTH MERIDIAN ST NO 605 INDIANAPOLIS 46208	PS	134	RAMOS,LEONARDO,POSADAS, BORDEN 47106	GP	034

RAMSDELL, GLEN, AUSTIN, 1200 CHESTER BLVD RICHMOND 47374	PUD	314	RASH, JAMES, R, ST MARYS HOSPITAL 3700 WASHINGTON AVE EVANSVILLE 47750	OBG	296
RAMSEY, FRANK, BANTA, 1401 WEST 52ND ST INDIANAPOLIS 46208	GS	134	RASMUSSEN, RUTH, FRANCES, 211 N EDDY ST SOUTH BEND 46617	PTH	258
RAMSEY, GEO, FRANK, 2600 GREENBUSH ST LAFAYETTE 47902	IM	286	RATCLIFF, FRANK, WM, 1000 WEA AVE LAFAYETTE 47905	AN	286
RAMSEY, HUGH, SMITH, 619 E FIRST ST BLOOMINGTON 47401	GP	214	RATCLIFFE, A, WAYNE, BOX 138 EVANSVILLE 47715	PTH	296
RAMSEY, JOHN, EDWARD, U S HIGHWAY 6 WEST P O BOX 707 KENDALLVILLE 46755	GP	206	RATTS, LARRY, DEAN, 717 WEST FIRST ST BLOOMINGTON 47401	GP	214
RAMSEY, PAUL, L, 1431 N MADISON AVE ANDERSON 46012	ORS	186	RAU, CHAS, ALBERT, 2600 SANDCREST BLVD COLUMBUS 47201	FP	014
RANCK, BENJ, ALBERT, 2600 SANDCREST BLVD COLUMBUS 47201	GP	014	RAUH, ROBT, A, 884 NORTH MIAMI ST WABASH 46992	GP	302
RANDOLPH, JOSEPH, C, 2900 GALAHAD DR INDIANAPOLIS 46208	ORS	134	RAUSCH, NORMAN, W, 310 NORTH WAYNE ANGOLA 46703	GP	278
RANEY, BEN, BUTLER, 129 E VINCENNES ST LINTON 47441	AN	102	RAWLINS, CAROLYN, N MANN, 7550 HOHMAN AVE MUNSTER 46321	OBG	174
RANEY, ROBT, DONALD, 1024 S 6TH ST TERRE HAUTE 47802	IM	298	RAWLINS, STEVEN, JOE, 6111 HARRISON ST MERRILLVILLE 46410	R	174
RANG, ROBT, HALTER, 300 NE 14TH WASHINGTON 47501	GS	046	RAWLS, GEO, HOSEA, 3151 N ILLINOIS ST INDIANAPOLIS 46208	GS	134
RANGASWAMI, R, 645 EASTERN BLVD CLARKSVILLE 47130	PD	034	RAY, CARL, STEWART, % RCA M O BOX 1976 INDIANAPOLIS 46206	OM	134
RANK, WM, BENJ, 3030 LAKE FORT WAYNE 46805	U	082	RAY, JAMES, ANTHONY, 321 W 2ND ST BLOOMINGTON 47401	GP	214
RANSDELL, ROBERT, W, 801 ST MARYS DR SUITE 502 EVANSVILLE 47750	PD	296	RAYES, JOS, LUKE HASSAN, 1814 SHERMAN DR PRINCETON 47670	GS	094
RAO, CHALAPATHI, C, 1100 W MICHIGAN INDIANAPOLIS 46202	AN	134	RAYMUNDO, LUCIANO, CABATE, 800 MACARTHUR BLVD MUNSTER 46321	ORS	174
RAPP, GEORGE, F, 8402 HARCOURT RD INDIANAPOLIS 46260	ORS	134	RAYMUNDO, VIVENCIO, F, 1515 SOUTH F ST ELWOOD 46036	GS	186
RASCH, GEO, C, 1644-45TH AVE SUITE C MUNSTER 46321	GS	174	REA, RALPH, LEWIS, 120 W MC KENZIE RD GREENFIELD 46140	FP	110

READ, JOHN, E, 229 EAST MORGAN AVE CHESTERTON 46304	OPH	230	REED, ROBT, G, 2400 E 17TH ST COLUMBUS 47201	PTH	014
RECEVEUR, PAUL, E, 2626 CHARLESTON RD NEW ALBANY 47150	GP	078	REED, ROBT, G, 1303 N ARLINGTON AVE INDIANAPOLIS 46219	CD	134
RECEVEUR, ROBT, LEWIS, 2626 CHARLESTOWN RD NEW ALBANY 47150	GP	078	REED, ROGER, ROLLIN, 1415 RAIBLE AVE ANDERSON 46011	ORS	186
RECINTO, ANTONIO, RECIO, CASTLETON PROF CENTER 8060 KNUE ROAR INDIANAPOLIS 46250	CHP	134	REED, RONALD, RILEY, 2450 169TH ST HAMMOND 46323	IM	174
RECOMETA, OSCAR, DURAN, 131 N WASHINGTON ST MARION 46952	OBG	098	REED, THOS, EVAN, 120 W MARKET STREET INDIANAPOLIS 46204	GP	134
RECORDS, JOHN, MERRITT, 198 E JEFFERSON ST FRANKLIN 46131	FP	158	REEDY, RICHARD, LEE, 1003 E SMITH ST YORKTOWN 47396	GP	062
REDDY, RAMACHANDRA, K, 1100 W MICHIGAN ST INDIANAPOLIS 46202	DR	134	REEDY, STANLEY, GENE, 423 PROSPECT ELKHART 46514	PH	070
REECK, CLAUDE, C, 8291 WASHINGTON BLVD INDIANAPOLIS 46260	ORS	134	REES, RUSSEL, C, 6114 E WASHINGTON ST INDIANAPOLIS 46219	GP	134
REED, DONALD, WAITE, 1305 SHERWOOD DR GREENFIELD 46140	P	110	REGENSTREIF, I, J, 77 S GIRLS SCHOOL RD INDIANAPOLIS 46231	OPH	134
REED, EDSEL, SHERWOOD, 1220 MISSOURI AVE JEFFERSONVILLE 47130	R	034	REICH, CLARENCE, E, 1209 N FULTON AVE EVANSVILLE 47710	GP	296
REED, JAMES, CHILTON, ELKHART CLINIC P O BOX 2507 ELKHART 46514	D	070	REID, CHAS, ALBERT, 2445 SHELBY ST INDIANAPOLIS 46203	GP	134
REED, JAY, ALLEN, 330 N MILLCREEK RD NOBLESVILLE 46060	GP	106	REID, DONALD, BRAIDWOOD, 2 HALLMARK SQUARE COLUMBIA CITY 46725	GP	326
REED, JOHN, DAVID, 3124 E STATE BLVD FORT WAYNE 46805	IM	082	REID, JAMES, DONALD, 932 GUSTAVE PL MARION 46952	OPH	098
REED, JOHN, JOS, 10 N MICHIGAN AVE HOBART 46342	FP	174	REID, ROBT, WM, 726 W DIVISION ST UNION CITY 47390	OS	246
REED, PHILIP, BYRON, C/O DAVID GORMAN 3125 5TH AVE N SUITE 304 ST PETERSBURG FL 33713	P	134	REIMERS, ROGER, ALLEN, P O BOX 1149 BLOOMINGTON 47401	R	214
REED, ROBT, CECIL, UNION HOSPITAL TERRE HAUTE 47808	AN	298	REINEKE, JAN, RICHARD, 912 E LA SALLE SOUTH BEND 46617	OBG	258
REED, ROBT, F, 1316 LINCOLN WAY E MISHAWAKA 46544	GP	258	REITMAN, PAUL, HENRY, 4321 FIR ST EAST CHICAGO 46312	R	174
			REITZ, LAWRENCE, ALBERT, 5250 ROLAND DR INDIANAPOLIS 46208	GP	134

REMICH,ANTONE,CHAS, 7905 CALUMET AVE MUNSTER 46321	OM	174	REYNOLDS,RICHARD,J, 650 IDAHO ST TERRE HAUTE IN 47802	IM	298
REMO,JOHN,WM, DM1 INC P O BOX 1521 LAFAYETTE 47906	DR	286	REZVAN,NADER, 619 W 1ST ST BLOOMINGTON 47401	AN	214
RENDEL,DONALD,T, 513 RIDGE RD MUNSTER 46321	PD	174	RHAMY,ARTHUR,P, RR 5 WABASH 46992	U	098
RENDEL,HAROLD,EUGENE, 302 N DUKE ST PERU 46970	GP	194	RHAMY,DONALD,EUGENE, P O BOX 987 MARION 46952	U	098
RENDEL,JEFFRY,CHAS, JASPER MEDICAL ARTS BLDG JASPER 47546	EM	066	RHEE,SANG,KEE, 2827 ROSCOMMON FORT WAYNE 46805	AN	082
RENNE,JAMES,WILLIAM, 421 CHESTNUT ST EVANSVILLE 47713	ORS	296	RHEINHEIMER,FLOYD,L, BOX 128 MILFORD 46542	FP	070
REPAY,WALTER,ALLEN, 513 RIDGE RD MUNSTER 46321	GP	174	RHOADS,PAUL,SPOTTISWOOD, 100 N 15TH ST RICHMOND 47374	IM	314
REPPERT,ROLAND,LE ROY, ROAD 224 DECATUR 46733	GP	010	RHODES,ALFRED,KEITH, 370 BIELBY RD LAWRENCEBURG 47025	OBG	050
RESS,GENE,EDWIN, PROFESSIONAL BLDG TELL CITY 47586	GP	222	RHORER,JOHN,GILBERT, 106 PROF ARTS CENTER MARION 46952	FP	098
RESZEL,PAUL,A, 5050 N CLINTON ST FORT WAYNE 46825	ORS	082	RHYNEARSON,HAL,ROBT, 110 W STAAT ST FORTVILLE 46040	GP	110
REUL,GEO,MARVIN, 6401 WINDWOOD DR KOKOMO 46901	GP	126	RHYNEARSON,WM,ROBT, 110 W STAAT ST FORTVILLE 46040	GP	110
REUTER,JOHN,WESLEY, R R NO 18 BROOK KNOLL BEDFORD 47421	OPH	182	RICE,FREDERIC,A, 7017 PENDLETON PIKE INDIANAPOLIS 46226	GP	134
REYES,ANGEL,I, 1450 E 55TH PL APT 918 SOUTH CHICAGO IL 60637	EM	174	RICE,KATHERINE,KEMPNER, 919 EAST JEFFERSON BLVD SOUTH BEND 46622	P	258
REYES,DIEGO,CASTOR, 29 EAST MAIN ST PERU 46970	GP	194	RICE,RAYMOND,DALTON, 2020 W 86TH ST INDIANAPOLIS 46260	OBG	134
REYES,NESTOR,C, SOUTHERN CLINIC NEW WHITELAND 46184		134	RICE,RAYMOND,M, 8465 QUAIL HOLLOW RD INDIANAPOLIS 46260	OS	134
REYES,ORDONIO,J, 206 W 1ST ST RUSHVILLE 46173	GS	254	RICE,RONALD,B, 2010 W 86TH ST INDIANAPOLIS 46260	IM	134
REYNOLDS,JOHN,L, 1630 SOUTH OHIO STREET MARTINSVILLE 46151	ORS	202	RICH,NORVAL,S, 230 S 2ND ST DECATUR 46733		010
REYNOLDS,RALPH.EDWARD, RR 1 BOX 53 APT 203 DALEVILLE 47334	AN	186	RICH,RICHARD,BUDGE, 1810 E 62ND ST INDIANAPOLIS 46220	OPH	134

RICHARD, NORMAN, FREDRIC, RR5 BOX 828 LAKE JAMES ANGOLA 46703	ABS	276	RIFNER, EUGENE, SYMONS, 301 E VINE ST VAN BUREN 46991	GP	098
RICHARDS, ALAN, DANL, RR 2 BOX 92 ROANOKE 46783	EM	082	RIGAUX, ARMAND, JULES, 150 W ANGELA SOUTH BEND 46617	GP	258
RICHARDS, DEAN, ALLEN, 3123 S MICHIGAN ST SOUTH BEND 46614	GP	256	RIGG, JOHN, FLOYD, 131 GULFSTREAM RD NORTH PALM BEACH FL 33403	PH	134
RICHARDS, EDGAR, ELVIN, P O BOX 162 RUSSELLVILLE 46175	GP	198	RIGGS, FLOYD, C, 137 S 24TH ST TERRE HAUTE 47803	GP	296
RICHARDSON, JOS, DOWNS, 121 W 8TH ST ROCHESTER 46975	FP	090	RIGGS, WENDELL, A, 2600 GREENBUSH ST LAFAYETTE 47902	PD	286
RICHARDSON, JOS, HILL, 3010 E STATE BLVD FORT WAYNE 46605	IM	082	RILEY, HENRY, SCHIRMER, 722 W MAIN ST MADISON 47250	GP	150
RICHART, JAMES, VERNON, 336 HAMILTON DR TERRE HAUTE 47803	GP	298	RILEY, THOS, WAYNE, 3530 S KEYSTONE INDIANAPOLIS 46227	U	134
RICHEY, ROBT, WM, 803 N PARKRIDGE ROAD BLOOMINGTON 47401	OBG	214	RIMEL, JAMES, FLOYD, 1223 N CENTER ST PLYMOUTH 46563	GS	190
RICHMOND, HAROLD, WAYNE, CUMMINS ENGINE CO COLUMBUS 47201	OM	014	RINER, JACK, KEITH, 5740 RIDGE RD INDIANAPOLIS 46226	GS	134
RICHTER, ARTHUR, B, 8872 WESTFIELD BLVD INDIANAPOLIS 46240	CD	134	RINGER, WM, ALFRED, 23 FALL ST WILLIAMSPORT 47993	GP	086
RICHTER, JOHN, CARL, 900 I ST LA PORTE 46350	GS	178	RINK, LAWRENCE, DONALD, 419 WEST FIRST STREET BLOOMINGTON 47401	IM	214
RIDER, PAUL, STEVEN, 1434 CHESTER BLVD RICHMOND 47374	PD	314	RIORDAN, JOHN, F, 120 FAIRVIEW AVE VALPARAISO 46383	AN	230
RIDGE, FREDERICK, RAY, 1100 W MICHIGAN INDIANAPOLIS 46202	FP	134	RIPLEY, JOHN, WM, 321 BRUCE ST SEYMOUR 47274	GP	136
RIDGWAY, ALTON, H, 631 MAIN ST LAPEL 46051	FP	186	RIPPERGER, STEVEN, GREG, 421 CHESTNUT EVANSVILLE 47713	OBG	296
RIEGER, IRWIN, TAYLOR, 711 W 2ND ST BLOOMINGTON 47401	U	214	RISSING, WALTER, JOS, 229 W BERRY ST FORT WAYNE 46802	CRS	082
RIEHL, RICHARD, EMIL, 201 E MARKET ST JEFFERSONVILLE 47130	IM	034	RITCHEY, JAMES, OSCAR, 43 W 43RD ST INDIANAPOLIS 46208	IM	134
RIESER, ALOYS, MARTIN, ST ANTHONY MED CENTER CROWN POINT 46307	CLP	174	RITCHIE, WM, DUDLEY, 567 OLMSTEAD EVANSVILLE 47711	FP	296
RIETMAN, H, JEROME, 715 1ST AVE EVANSVILLE 47710	P	296	RITTER, MERRILL, A, 1815 N CAPITOL AVE INDIANAPOLIS 46202	GRS	134

RITTER,WAYNE,LOCKWOOD, 1556B CONSOLIDATED BLDG INDIANAPOLIS 46204	IM	134	ROBERTSON,WM,SIMON, 213 W MAIN ST SPICELAND 47385	OS	122
RITTMAYER,JOHN,LOUIS, 1309 RIDGE RD MUNCIE 47304	IM	062	ROBINSON,EARLE,URIAH, 3351 N MERIDIAN STE 200 INDIANAPOLIS 46208	OBG	134
RITZ,ALBERT,SYLVESTER, 3700 BELLEMEADE EVANSVILLE 47715	GS	296	ROBINSON,FREDERICK,CHAS, 2600 GREENBUSH ST LAFAYETTE 47904	N	286
RIVERA,FELICIDAD,BALIDO, P O BOX 731 MICHIGAN CITY IN 46360	AN	176	ROBINSON,NAN,ELIZABETH, 1726 STATE NEW ALBANY 47150	PD	078
RIVERA,FERNANDO,H, 2250 RIPLEY ST GARY 46405	FP	174	ROBINSON,ROBT,DAWSON, ST VINCENT HOSP 2001 W 86TH ST INDIANAPOLIS 46260	CD	134
RIVERA,HECTOR,P, 8911 SPICEWOOD COURT INDIANAPOLIS 46260	PTH	134	ROBINSON,ROBT,JOHN, 534 TURTLE CREEK N DR STE C4 INDIANAPOLIS 46227	GP	134
RIVERA,JULIUS,PEREGRINO, 3714 FRANKLIN MICHIGAN CITY 46360	GS	178	ROBISON,ROGER,FRANK, 902 WEST FIRST ST BLOOMINGTON 47401	ND	214
ROACH,EUGENE,GAYLE, 5026 ALLISONVILLE ROAD INDIANAPOLIS 46205	P	134	ROBY,ALMA,LEE, 207 SPARKS AVE JEFFERSONVILLE 47130	PD	034
ROBB,JOHN,ALTON, 5151 N PENNSYLVANIA INDIANAPOLIS 46205	R	134	ROCH,L,MARSHALL, 308 WHITE RIVER BLVD MUNCIE 47303	OPH	062
ROBERTO,BENJ,V, 378 W MAIN ST AUSTIN 47102	GP	262	ROCHLIN,ISIDORE, 212 EAST 71ST ST INDIANAPOLIS 46220	IM	134
ROBERTS,BILLY,JOE, 3123 MISHAWAKA AVE SOUTH BEND 46615	GP	258	ROCKEY,NOAH,ADAM, 2539 N E 26TH TERR FORT LAUDERDALE FL 33305	OS	082
ROBERTS,DANIEL,B, 27 WEST 6TH ST PERU 46970	GS	194	RODRIGUEZ,PEDRO,CLAVERIA, REID MEMORIAL HOSP RICHMOND 47374	FP	314
ROBERTS,THOMAS,K, HARRISON DRIVE CORYDON 47112	GP	114	RODWAY,JOHN,SPENCER, 605 COTTAGE AVE COLUMBUS 47201	GP	014
ROBERTS,WARREN,CHAS, BOX 1104 INDIANAPOLIS 46206	OM	134	ROE,TAFT,WM, 3700 BELLEMEADE NO 101 EVANSVILLE 47715	OTO	296
ROBERTSON,JAMES,A, 7209 E WALNUT EVANSVILLE 47715	PTH	296	ROEGNER,DONALD,LEE, 3807 B SOUTHLAND AVE KOKOMO 46901	CHP	126
ROBERTSON,JAMES,STEWART, 304 N WALNUT ST PLYMOUTH 46563	GP	190	ROESCH,RYLAND,PAUL, 5439 SHOREWOOD DR INDIANAPOLIS 46220	AN	134
ROBERTSON,ROBT,E, 110 S NEW ALBANY ST SELLERSBURG 47172	GP	034	ROESKE,NANCY,C ARNOLD, 6815 N PENNSYLVANIA INDIANAPOLIS 46220	CHP	134
ROBERTSON,WM,CARL, 5 OAK DR DUNE ACRES CHESTERTON 46304	AN	230	ROGERS,DONALD,LEE, 3426 N MERIDIAN ST INDIANAPOLIS 46208	PD	134

ROGERS, EVERED, EARL, 212 W 6TH ST AUBURN 46706	GP	058	ROS, GEORGE, A, 827 S UNION ST WARSAW 46580	GS	166
ROGERS, ROBERT, E, 1100 W MICHIGAN INDIANAPOLIS 46202	OBG	134	ROSE, ROBT, E, P O BOX 271 SPENCER 47460	GP	214
ROGERS, ROBT, SHIRRELL, 1101 S 6TH ST TERRE HAUTE 47802	GP	296	ROSEN, IRWIN, CHAS, 1941 VIRGINIA AVE CONNERSVILLE 47331	AN	074
ROGERS, THOS, PERRETTE, 6142 LA PINTURA DR LA JOLLA CA 92037	P	134	ROSENAK, BERNARD, DAVID, 1815 N CAPITOL SUITE 512 INDIANAPOLIS 46202	GE	134
ROGGE, JAMES, DELBERT, 1500 ALBANY AVE SUITE 808 BEECH GROVE 46107	NM	134	ROSENBAUM, IRVING, 401 E 34TH ST INDIANAPOLIS 46205	PD	134
ROGGENKAMP, MILTON, W, 144 ARROWHEAD DR WEST LAFAYETTE 47906	PTH	286	ROSENBAUM, LLOYD, E, 647 CITIZEN BK BLDG ANDERSON 46016	CD	186
ROHN, ROBT, J, 1100 W MICHIGAN ST INDIANA UNIV MEDICAL CENTER INDIANAPOLIS 46202	HEM	134	ROSENBERG, GABRIEL, JOS, 1604 N CAPITOL AVE INDIANAPOLIS 46202	PD	134
ROHRER, BRYCE, BARTON, 506 MICHIGAN ST WALKERTON 46574	FP	258	ROSENBLATT, BERNARD, B, 502 HULMAN BUILDING EVANSVILLE 47708	GP	296
ROIG, JOSE, HUGE, 6500 S BROADWAY MERRILLVILLE 46410	OPH	174	ROSENBLOOM, PHILIP, JACK, 1745 NORTH MANSORD BLVD GRIFFITH 46319	PH	174
ROLD, JAMES, F, 2029 WASHINGTON AVE EVANSVILLE 47714	R	296	ROSENE, HAROLD, A, 25 WOODRIDGE DR TERRE HAUTE 47803	ORS	298
ROLLER, MAC, C, 1551 N MAIN ST FRANKLIN 46131	FP	156	ROSENHEIMER, GEO, MILTON, 1425 EAST WOODSIDE ST SOUTH BEND 46614	AN	256
ROLLINS, THOS, K, 822 WEST FIRST ST SUITE 3 BLOOMINGTON 47401	FP	214	ROSENTHAL, CARL, 25 DOUGLAS ST HAMMOND 46320	R	174
ROMAIN, LOUIS, FRANK, 3124 E STATE BLVD STE 13 FORT WAYNE 46805	N	082	ROSENWASSER, JACOB, 634 LINCOLN WAY EAST MISHAWAKA 46544	1M	256
ROMBERGER, FLOYD, T, 10 WEST 64TH ST INDIANAPOLIS 46260	OBG	134	ROSEVEAR, HENRY, JOS, 110 RIDGE RD HAMMOND 46321	GS	174
ROMMEL, CLARENCE, HENRY, 456 NORTHWESTERN AVE WEST LAFAYETTE 47906	GS	286	ROSS, BEN, RICHARDSON, R R 1 BOX 149 BLOOMINGTON 47401	OS	214
ROOF, ROGER, SAML, 209 E SEMINARY ST GREENCASTLE 46135	GP	242	ROSS, DAVID, EUGENE, 2316 W 5TH AVE GARY 46404	GP	174
ROOSE, LISLE, WADE, 357 N NAPPANEE ST NAPPANEE 46550	GP	070	ROSS, EDWARD, 3901 N MERIDIAN ST SUITE 442 INDIANAPOLIS 46208	CD	134
ROPP, HAROLD, EDWARD, NEW HARMONY 47631	GP	234	ROSS, GLENN, ELRICK, 1210 BEDFORD RD WASHINGTON 47501	GER	046

ROSS,GUY,EVERETT, 1931 BROWN ST ANDERSON 46014	PD	186	ROWE,GEO,ANTHONY, 9002 MUD CREEK ROAD INDIANAPOLIS 46256	PDS	134
ROSS,STEVEN,EDWARD, 3217 LAKE AVE FORT WAYNE 46805	FP	082	ROYER,JAMES,P, 1020 N J STREET RICHMOND 47374	FP	314
ROTH,BERTRAM,STANLEY, 6434 NORTH COLLEGE AVE INDIANAPOLIS 46220	PD	134	ROYSTER,ROBT,A, 34 JOHNSON PLACE EVANSVILLE 47714	GS	296
ROTH,JAMES,ROBT, WOLFLAKE 46796	GP	326	RUBENS,ELI, 101 BEN FRANKLIN DR SARASOTA FL 33577	PDA	258
ROTH,LEO, 3229 BROADWAY GARY 46409	ORS	174	RUBIN,SIMON,SYRIL, TWIN TOWERS S SUITE 527S MERRILLVILLE 46410	A	174
ROTHBAUM,DONALD,ALAN, 8402 HARCOURT ROAD #713 INDIANAPOLIS 46260	IM	134	RUBUSH,JOHN,LANCE, 919 EAST JEFFERSON BLVD SOUTH BEND 46622	TS	258
ROTHENBERG,JERRY, 600 MARY STREET EVANSVILLE 47710	PTH	296	RUCKER,W,RAYBURN, BOX 372 MADISON 47250	IM	150
ROTHMAN,PETER,MITCHELL, 327 W CREIGHTON AVE FORT WAYNE 46807	PDA	082	RUDELL,KEITH,RICHARD, 1201 GOLDEN HILL DRIVE INDIANAPOLIS 46208	GS	134
ROTHROCK,PHILIP,WAYNE, 2200 SCOTT ST LAFAYETTE 47904	IM	286	RUDELL,ROBT,LOUIS, 3266 N MERIDIAN ST INDIANAPOLIS 46208	IM	134
ROTMAN,HARRY,GENE, 111 E MAIN ST BOX 185 JASONVILLE 47438		102	RUDICEL,MAX,HURD, 2423 W JACKSON ST MUNCIE 47303	FP	062
ROTMAN,SAM,ISSAC, P O BOX 127 JASONVILLE 47438	GP	102	RUDICEL,MAX,W, 1907 W SYCAMORE ST KOKOMO 46901	PTH	126
ROUDEBUSH,CORBIN,P, 2020 W 86TH STREET INDIANAPOLIS 46260	END	134	RUDOLPH,KENNETH,JACOB, 3700 BELLEMEADE EVANSVILLE 47715	OPH	296
ROUEN,ROBT,LESTER, 1209 HARRISON ST ELKHART 46514	OPH	070	RUDOLPH,ROSSER,A, RR 4 BOX 356 MUNCIE 47302	CLP	146
ROUHANA,RODOLPH, 7347 HAMSTEAD LANE INDIANAPOLIS 46256	FP	134	RUDSER,DONALD,HARRY, 2075 INDIANAPOLIS BLVD WHITING 46394	GP	174
ROURKE,ROBT,F, 631 S 25TH ST TERRE HAUTE 47803	OBG	298	RUDWELL,GEO,HENDERSON, 200 LONGVIEW DR JEFFERSONVILLE 47130	OTO	034
ROUSHDI,HUSSEIN,ALI, 1213 ARLINGTON INDIANAPOLIS 46219	GS	134	RUDY,DONALD,BYRON, PO MNENE VIO BELINGW RHODESIA AFRICA G0775	GP	316
ROUSSEAU,JOHN,WM, 2410 COLISEUM BLVD N FORT WAYNE 46805	OBG	082	RUFF,JERARD,GOEKE, 413 WEST FIRST ST BLOOMINGTON 47401	PD	214
ROW,GEO,SAML, 121 W RIPLEY OSGOOD 47037	GP	250	RUIZ,CARLOS,MEDINA, 123 S SECOND ST BOONVILLE 47601	GP	306

RULE,NED,PERRY, 611 HARRIETT ST EVANSVILLE 47710	U	296	RUTHERFORD,CHAS,E, 2315 S ST LAFAYETTE 47904	GS	286
RUMANA,ROBT,HENRY, 303 S MAIN ST BLUFFTON 46714	IM	318	RYAN,C,DAVID, 2040 DOCTORS PARK COLUMBUS 47201	OBG	014
RUNGE,PAUL,WM, 100 N 15TH ST RICHMOND 47374	IM	314	RYAN,GLEN,V, 3500 LAFAYETTE RD INDIANAPOLIS 46222	GP	134
RUOFF,WM,F, 1349 GRABLE COURT NEW ALBANY 47150	IM	078	RYAN,HUBERT,JOS, 826-9TH NEW SMYRNA BEACH FL 32069	PD	174
RUPE,LLOYD,O, 211 S 5TH ST ELKHART 46514	GS	070	RYAN,MICHAEL,GERARD, 722 W MAIN ST MADISON 47250	FP	150
RUSCHE,HENRY,J, 313 W IOWA ST EVANSVILLE 47710	GP	296	RYAN,WM,JOHN, DOCTORS PARK COLUMBUS 47201	GS	014
RUSCHE,HERMAN,FREDERICK, 3700 BELLMEADE AVE EVANSVILLE 47715	GE	296	RYU,CHI,YOL, 1100 W MICHIGAN ST INDIANAPOLIS 46202	DR	134
RUSCHE,THOS,JEROME, 1421 N MAIN ST EVANSVILLE 47711	N	296	SAALWAECHTER,JOHN,JACOB, 404 WEST CAMP LEBANON 46052	FP	022
RUSCHLI,EDWARD,BARNARD, 300 VALLEY ST APT 402 LAFAYETTE 47905	GP	286	SAAVEDRA,BERNARDG, 8 GARFIELD VALPARAISO 46383	NS	174
RUSHER,MERRILL,W, 347 W BERRY ST FORT WAYNE 46802	GYN	082	SABENS,JAMES,ALBERT, 8375 PENDLETON PIKE APT 500 INDIANAPOLIS 46226	FP	134
RUSHMORE,CHAS,HENRY, 240 N MERIDIAN ST RM 354 INDIANAPOLIS 46204	OM	134	SABO,WILLIAM,J, 800 MACARTHUR BLVD SUITE 8 MUNSTER 46321	ORS	174
RUSK,BARTON,JAY, 8402 HARCOURT RD INDIANAPOLIS 46260	PUD	134	SACRIS,MARIA,ORCHID M, 602 LAPORTE AVENUE VALPARAISO 46383	OBG	230
RUSK,HUBERT,MORGAN, BOX 36 WALLACE 47988	GP	086	SAFAYAN,ESFANDIAR, 221 S 6TH ST TERRE HAUTE 47801	OTO	298
RUSSELL,DONALD,E, 3500 LAFAYETTE RD INDIANAPOLIS 46222	ORS	134	SAFIRSTSTEIN-ROSZGERMAN,M, 105 THREE RIVERS N FORT WAYNE 46802	AN	082
RUSSELL,JOHN,ROBT, 1815 N CAPITOL AVE INDIANAPOLIS 46202	NS	134	SAGALOWSKY,ARTHUR,I, 1113 NAVAJO TRAIL S DRIVE INDIANAPOLIS 46260	U	134
RUSSO,ANDREW,ESCHER, 12110 GRANT ST CROWN POINT 46307	GP	174	SAGALOWSKY,HOWARD,SIDNEY, 1815 N CAPITOL AVE INDIANAPOLIS 46202	AN	134
RUST,BYRON,KENNETH, 1325 HIDDEN HARBOR WAY SARASOTA FL 33581	PD	134	SAGE,CHAS,VICTOR, 48 S 11TH ST RICHMOND 47374	OS	314
RUST,ROLAND,B, 5626 EAST 16TH ST SUITE 21 INDIANAPOLIS 46218	IM	134	SAHLMANN,HANS, 2402 WOODWARD FORT WAYNE 46805	GP	082

SABINE, BRIAN, DAVID, 810 EAST COLFAX SOUTH BEND 46617	OTO	258	SANCHEZ, JOSE, DOLORES, P O BOX 211 LA PORTE 46350	AN	178
SALA, JOS, JOHN, 5490 BROADWAY L-16 MERRILLVILLE 46410	GP	174	SANDERS, BERTRAM, WEBB, 634 EASTERN AVE CONNERSVILLE 47331	GP	074
SALA, WALTER, RUDOLPH, 5490 BROADWAY L-16 MERRILLVILLE 46410	GP	174	SANDERS, FRED, 2702 WESTLANE RD INDIANAPOLIS 46268	GP	134
SALAMA, FAWZY, EL-SAYED, 317 LOGWOOD EVANSVILLE 47710	U	296	SANDERS, HARRY, MUNFORD, COMMUNITY HOSPITAL INDIANAPOLIS 46219	GP	134
SALAS, C, DAVID, 1528 WASHINGTON ST NEW CASTLE 47362	OPH	122	SANDERSON, ROBT, BURNS, 238 S HAWTHORNE SOUTH BEND 46617	PUD	258
SALAZAR, LUIS, BARBA, 3120 RUE RENOIR APT 205 SOUTH BEND 46615	GE	258	SANDLIN, DONALD, LEE, 2127 DOCTORS PARK DR COLUMBUS 47201	FP	014
SALB, JOHN, PAUL, 721 WEST I3 JASPER 47546	GP	066	SANDOCK, LOUIS, F, 503 SHERLAND BLDG SOUTH BEND 46601	IM	258
SALEH, IBRAHIM, MITRE, 6111 HARRISON ST MERRILLVILLE 46410	OBG	174	SANDOCK, MARK, STEVEN, 818 SHERLAND BLDG SOUTH BEND 46601	IM	258
SALES, AVELINO, T, 12103 WINDSOR DR CARMEL 46032	AN	134	SANDOZ, HARRY, H, 2500 TOPSFIELD RD SOUTH BEND 46614	GP	258
SALISBURY, CHAS, PARSON, 1024 S 6TH SUITE 205 TERRE HAUTE 47807	OBG	296	SANGALANG, ZENAIDA, S, 2325 Q BEDFORD 47421	EM	182
SALOMON, JAIME, A, 8739 SAWLEAF INDIANAPOLIS 46260	GPM	134	SANKEY, PEGGY, LOU, 1021 S 6TH ST TERRE HAUTE 47807	PTH	298
SALON, HARRY, W, 535 W BERRY ST FORT WAYNE 46802	GP	082	SANTARE, VINCENT, JOS, 513 RIDGE RD MUNSTER 46321	U	174
SALON, JOEL, WARREN, 604 W WAYNE ST FORT WAYNE 46602	IM	082	SANTOS, FRANCISCO, 1815 N CAPITOL INDIANAPOLIS 46202	AN	134
SALSBERG, HERBERT, E, R R 1 BOX 355 HAMLET 46532	P	178	SAPERSTEIN, MORRIS, 110 LAKEVIEW DRIVE NOBLESVILLE 46060	CHP	106
SALVO, ATEE, SEVILLA, 403 NORTH MONROE WILLIAMSPORT 47993	AN	086	SARKAR, ANIL, K, 320 N SECTION ST SULLIVAN 47882		282
SAMADDAR, PRASOON, KUMAR, 2900 WEST 16TH ST BEDFORD 47421	OTO	182	SARKAR, DIPRA, 1206 EAST NATIONAL AVE BRAZIL 47634		036
SAMALIO, JUSTO, R, BOX 95 MICHIGAN CITY 46360	AN	178	SARTORE, GILBERT, ALLAN, 801 ST MARYS DR SUITE 200 EVANSVILLE 47715	FP	296
SAMI, ABDEL, W, 2900 WEST 16TH ST BEDFORD 47421	PTH	182	SATO, TAKUYA, 4370 COOPER RD INDIANAPOLIS 46208	CHP	134

SAUCELO, BARTOLOME, M, 1401 LINCOLN WAY W SOUTH BEND 46628	GP	258	SCHAUWECKER, CLEON, M, 239 HILLSDALE AVE GREENCASTLE 46135	GS	242
SAUER, JOHN, BERNARD, 3655 S SHERMAN DR BEECH GROVE 46107	GP	134	SCHECHTER, JOHN, S, 3266 N MERIDIAN ST INDIANAPOLIS 46208	IM	134
SAWYER, DOUGLAS, EARL, 3217 LAKE AVE FORT WAYNE 46805	FP	082	SCHECHTER, JOHN, STEPHEN, 413 W FIRST AVE BLOOMINGTON 47401	PD	214
SCALES, ALLEN, DEARING, LELAND HEIGHTS HUNTINGBURG 47542	GP	066	SCHEER, ALEXANDER, L, ELKHART CLINIC BOX 2507 ELKHART 46514	OTO	070
SCAMAHORN, JAMES, OSCAR, 34 WEST MAIN STREET PITTSBURG 46167	FP	118	SCHEERES, JACOB, WM, 2315 SOUTH ST LAFAYETTE 47905	GS	266
SCAMAHORN, MALCOLM, O, MAIN AT MEREDIAN PITTSBORO 46167	FP	118	SCHEERINGA, RONALD, HENRY, 2828 FAIRFIELD AVE FORT WAYNE 46807	IM	082
SCANLON, JOHN, CHAS, 2600 GREENBUSH ST LAFAYETTE 47904	PUD	286	SCHEIDLER, JAMES, A, 3421 BRECKERIDGE DR INDIANAPOLIS 46208	IM	134
SCEA, WALLACE, A, 1600 S ANDERSON ST ELWOOD 46036	GP	186	SCHEIER, EMIL, WM, 9220 VANDERGRIF RD INDIANAPOLIS 46239	OS	134
SCHAAAB, ERIC, 131 E TILLMAN RD FORT WAYNE 46806	PD	082	SCHEIMANN, LOIS, A GRIEDER, 702 LINCOLNWAY VALPARAISO 46383	A	230
SCHAAF, ALVIN, DAVID, 33 S WALNUT ST JAMESTOWN 46147	GP	022	SHELL, HARRY, RICHARD, 711 W 2ND ST BLOOMINGTON 47401	OBG	214
SCHAAF, BERNARD, J, 2600 GREENBUSH ST LAFAYETTE 47904	U	286	SCHEMMER, KENNETH, EDWIN, 1931 BROWN ST SUITE 7 ANDERSON 46014	GS	186
SCHAEFER, G, L, 176 EAST JEFFERSON FRANKLIN 46131	OBG	158	SCHEN, SANFORD, ELLIOTT, 421 CHESTNUT ST EVANSVILLE 47713	IM	296
SCHAFER, WM, CHAS, 1312 BEDFORD RD WASHINGTON 47501	OPH	046	SCHENCK, RALPH, E, 603 W ARCH ST PORTLAND 47371	ORS	146
SCHAFER, EDWARD, V, 5626 EAST 16TH ST NO 13 INDIANAPOLIS 46218	ORS	134	SCHERB, BURTON, E, 1024 S 6TH ST TERRE HAUTE 47807	OPH	298
SCHAFER, JAMES, JOHANNES, 717 W 1ST ST BLOOMINGTON 47401	PD	214	SCHERER, JACK, ROGER, TIPTON PARK PLAZA 360-C PLAZA DRIVE COLUMBUS 47201	D	014
SCHALLIOL, JAMES, PAUL, ROOM 107 KNAPP BLDG ROCHESTER 46975	P	090	SCHERSCHEL, THOS, ROGER, 3423-B S LAFOUNTAIN KOKOMO 46901	GS	126
SCHAPHORST, RICHARD, A, 612 N MAIN ST MISHAWAKA 46544	GP	258	SCHEURICH, MANLEY, KING, RR 1 OXFORD 47971	FP	018
SCHAROFF, JAY, ROBT, 600 GRANT ST GARY 46402	NM	174	SCHILLER, HERBERT, A, 919 E JEFFERSON BLVD SOUTH BEND 46622	OBG	258

SCHILLING,RICHARD,J, 711 W 2ND ST BLOMGINGTON 47401	GS	214	SCHMITT,ROBT,J, 7905 CALUMET AVE MUNSTER 46321	P	174
SCHIMMELPFENNIG,ROBT,WM, 1013 PARRETT ST EVANSVILLE 47713	PD	296	SCHMOLL,ROBT,J, 521 W WAYNE ST FORT WAYNE 46802	OPH	082
SCHIRMER,ROBT,H, 1118 W FRANKLIN ST EVANSVILLE 47710	GP	296	SCHNEIDER,CHAS,P, 2912 W MARYLAND ST EVANSVILLE 47712	GP	296
SCHLADEMAN,KARL,R, P O BOX 268 FORT WAYNE 46801	PTH	082	SCHNEIDER,KENNETH,DALE, 2760 25TH ST COLUMBUS 47201	AN	014
SCHLAEGEL,THEODORE,F, 1100 W MICHIGAN ST INDIANAPOLIS 46202	OPH	134	SCHNEIDER,LAWRENCE,F, 2760 25TH ST COLUMBUS 47201	FP	082
SCHLEGEL,DONALD,M, 1815 N CAPITOL AVE INDIANAPOLIS 46202	GS	134	SCHNEIDER,LOUIS,A, 700 BROADWAY FORT WAYNE 46802	PTH	082
SCHLEINKOFER,ROBT,MELVIN, 3217 LAKE ST FORT WAYNE 46805	GP	082	SCHNEIDER,PAUL,A, 5626 EAST 16TH ST SUITE 15 INDIANAPOLIS 46218	ORS	134
SCHLESINGER,DANL,J, 6633 FOREST HAMMOND 46324	GS	174	SCHNUTE,RICHARD,B, INDIANA UNIV SCH MED INDIANAPOLIS 46202	END	134
SCHLOSS,ROBT,PHILIP, 5717 S ANTHONY BLVD FORT WAYNE 46806	GP	082	SCHOEN,FREDERIC,L, DEPT FAMILY MED LONG 217 1100 WEST MICHIGAN ST INDIANAPOLIS 46202	FP	134
SCHLOSSBERG,VICTOR,E, 301 W 4TH ST MISHAWAKA 46544	IM	258	SCHOENHALS,CHAS,ERB, 5050 N CLINTON FORT WAYNE 46825	GS	082
SCHLUETER,DAVID,PAUL, 2828 FAIRFIELD AVE FORT WAYNE 46807	U	082	SCHOOLFIELD,WM,EARL, 260 S MAPLE ST ORLEANS 47452	GP	210
SCHMALHAUSEN,ANSEL,WAYNE, 6227 HILLCREST LN INDIANAPOLIS 46220	GS	134	SCHOONVELD,ARTHUR, 420 EAST MAIN ST BROOK 47922	GP	204
SCHMALZ,WM,JUSTIN, ST JOHNS MED ARTS BLDG 2101 JACKSON ST ANDERSON 46014	IM	186	SCHREINER,JOHN,EDWARD, 201 E PLYMOUTH BREMEN 46506	GP	190
SCHMETZER,ALAN,DAVID, 1500 ALBANY ST SUITE 907 BEECH GROVE 46107	P	134	SCHREPFERMAN,WAYNE, HAMILTON 46742	GP	278
SCHMIDT,EUGENE,EDWARD, 5800 FAIRFIELD AVE FORT WAYNE 46807	AN	082	SCHRIEFER,VICTOR,V, 2845 RAVENSWOOD EVANSVILLE 47714	GP	296
SCHMIDT,PAUL,EDGAR, 3266 N MERIDIAN ST NO 701 INDIANAPOLIS 46208	CD	134	SCHRODER,LOUIS,E, 3221 LOOKOUT DR CINCINNATI OH 45208	FP	314
SCHMIEDICKE,PAUL,HENRY, 112 WHEELER LANE WEST LAFAYETTE 47906	IM	286	SCHROEDER,HENRY,R, 611 HARRIET SUITE 206 EVANSVILLE 47710	OBG	296
SCHMITT,RICHARD,K, 2639 RIVERSIDE DR COLUMBUS 47201	GP	014	SCHROEDER,JAMES,EDWIN, 3524 N MERIDIAN ST INDIANAPOLIS 46208	HEM	134

SCHROEDER,STEPHEN,BLAIN, 2828 FAIRFIELD AVE FORT WAYNE 46807	NS	082	SCOTT,IRVIN,HUDSON, 117 W WASHINGTON ST SULLIVAN 47882	GS	282
SCHUBERT,JEROME,C, 5110 N CLINTON FORT WAYNE 46825	GP	082	SCOTT,IVAN,WINFELD, 3266 NORTH MERIDIAN ST NO 308 INDIANAPOLIS 46208	PD	134
SCHUBERT,PHILIP,CHANDLER, 6203 PLANTATION LANE FORT WAYNE 46805	GP	082	SCOTT,JOHN,RICHARD, 6214 BROADWAY INDIANAPOLIS 46220	PD	134
SCHULFER,RICHARD,J, 7134 CALUMET AVE HAMMOND 46324	GP	174	SCOTT,JOHN,SPAHR, 806 MAPLE AVE LA PORTE 46350	R	178
SCHULHOF,MAURICE,G, 420 W WASHINGTON ST MUNCIE 47305	GS	062	SCOTT,PETER,L, 10184 PARTRIDGE PLACE CARMEL 46032	DR	134
SCHULTHEIS,RICHARD,LEE, 2951 E 38TH ST INDIANAPOLIS 46218	GPM	134	SCOTT,SAML,LOGAN, 7099 BROADWAY INDIANAPOLIS 46220	GS	134
SCHULZ,KURT,J E, MERCY HOSPITAL COUNCIL BLUFFS IA 51501	OPH	174	SCOTT,V,BROWN, R R 2 BOX 11 SHELBYVILLE 46176	IM	266
SCHUMACHER,RICHARD,R, 3524 N MERIDIAN ST INDIANAPOLIS 46208	CD	134	SCOTT,WM,MOUNT, P O BOX 4399 SCOTTSBURG 47170	GP	262
SCHUMAKER,ROBT,A, 3498 E MARGARET AVE TERRE HAUTE 47802	GP	298	SCUDDER,ARTHUR,NELSON, 24 N GRANT ST BROWNSBURG 46112	GP	118
SCHUSTER,DWIGHT,WM, 1815 NORTH CAPITOL AVE INDIANAPOLIS 46202	P	134	SCUDDER,GARY,EVANS, 370 BIELBY RD LAWRENCEBURG 47025	GP	050
SCHWARTZ,JACK, 7550 HOHMAN AVE MUNSTER 46321	OBG	174	SCUDDER,JAMES,PETERSON, 3124 E STATE ST FORT WAYNE 46805	U	082
SCHWARTZ,MAGDA, 7315 FOREST AVE HAMMOND 46324	AN	174	SCULLY,JOHN,T, 6111 HARRISON AVE MERRILLVILLE 46410	IM	174
SCHWARTZBERG,STUART,G, 5717 S ANTHONY BLVD FORT WAYNE 46806	CDS	082	SCULLY,WM,EDWARD, 221 S 6TH ST TERRE HAUTE 47801	PD	298
SCHWARZ,ANTON,JOS, 1911 EASTLAWN APT E-5 MIDLAND MI 48640	IM	134	SCUPHAM,WM,KENT, 900 I ST LA PORTE 46350	IM	178
SCOFIELD,JOHN,B, 3120 MERIDIAN ST INDIANAPOLIS 46208	P	134	SCUZZO,VINCENT,C, 214 SHERLAND BLDG SOUTH BEND 46601	CRS	258
SCOTT,FRANK,M, 211 N EDDY AT COLFAX SOUTH BEND 46617	GS	258	SEAGLE,WM,COURTNEY, 111 E 9TH ST BLOOMINGTON 47401	CRS	214
SCOTT,GEO,EVERETT, 4110 ROLAND RD INDIANAPOLIS 46208	AN	134	SEAL,PERRY,FRANCIS, 901 N MAIN ST BROOKVILLE 47012	GP	074
SCOTT,H,VAUGHN, 801 E STATE ST FORT WAYNE 46805	PD	082	SEAMAN,CHAS,FRANCIS, 4725 COVE CIRCLE NO 810 ST PETERSBURG FL 33708	EM	134

SEARCY, LINDA, MARIE, 7503 NORTH 50 W LAFAYETTE 47906	OS	286	SERNA, CARLOS, A, 2342 RIDGE RD HIGHLAND 46322	IM	174
SEARIGHT, HOWARD, R, 3111 WEST JACKSON MUNCIE 47304	OTO	062	SERRANO, EDWARD, 622 NORTH MADISON ST GREENWOOD 46142	EM	134
SEARIGHT, JOHN, LEWIS, 1303 N ARLINGTON INDIANAPOLIS 46219	GP	134	SERRANO, JOSE, FLORENTINO, 1533 HEATHER COURT MUNSTER 46321	ABS	174
SEARS, DON, ALVIN, 508 W ELNORA ODON 47562	GP	046	SEXSON, HIRAM, TETRICK, 3201 N MERIDIAN ST INDIANAPOLIS 46208	GP	134
SEAT, MARSHALL, H, 1400 GRAND AVE WASHINGTON 47501	GP	046	SHAFFER, MARION, RUSSELL, 115 NORTH PENN ST INDIANAPOLIS 46204	IM	134
SEBAHAR, DUANE, ALLEN, 2760 25TH ST COLUMBUS 47201	IM	014	SHAFFER, RICHARD, H, 111 S HARRISON ST ALEXANDRIA 46001	GP	186
SEBASTIAN, RICARDO, F, 9530 LINCOLN COURT CROWN POINT 46307	EM	174	SHAFFER, KENNETH, LEE, 2600 RIDGE ROAD VINCENNES 47591	OPH	162
SEDAM, HERBERT, L, 4548 N COLLEGE AVE INDIANAPOLIS 46205	GP	134	SHAH, AJIT, 702 RIVER DR MARION 46952	OBG	098
SEESE, ROBT, M, 101 W NORTH ST DELPHI 46923	GP	026	SHAH, KISHOR, P, 1159 ETNA AVE HUNTINGTON 46750	OBG	130
SEIBEL, ROBT, MARVIN, BOX 127 NASHVILLE 47446	GP	014	SHAH, NALIN, M, 4002 MEADOWS DR INDIANAPOLIS 46205	AN	134
SEKULICH, MILO, M, ST JOSEPH HCSP KOKOMO 46901	R	126	SHAH, PIYUSH, J, 1159 ETNA AVE HUNTINGTON 46750	PD	130
SELLMER, GEO, WM, 1221 E 86TH ST INDIANAPOLIS 46240	GP	134	SHAH, RAMESHCHANDRA, L, 110 RIDGE RD MUNSTER 46321	IM	174
SEMERDJIAN, ARAM, 8319 LINDEN AVE MUNSTER 46321	R	174	SHAHBAHRAMI, FARROKH, 619 W 1ST ST BLOOMINGTON 47401	GS	214
SENN, RICHARD, THOS, 1716 SOUTH PLATE KOKOMO 46901	U	126	SHALLENBERGER, HENRY, R, MODOC 47358	FP	246
SENSANY, EUGENE, F, 2828 FAIRFIELD AVE FORT WAYNE 46807	CRS	082	SHANAFELT, DONALD, K, 5471 E 77TH ST INDIANAPOLIS 46250	OBG	134
SENTANY, MARK, S, 1145 FIESTA DR GREENWOOD 46142	PS	134	SHANKLIN, JACK, LESLIE, 702 VIGO ST VINCENNES 47591	GP	162
SER VAAS, CORENA, SYNHORST, 1100 WATERWAY BLVD INDIANAPOLIS 46202	OS	134	SHANKLIN, VERNON, A, 15 CIRCLE DR TERRE HAUTE 47803	GP	298
SERA, SEGUNDO, R, 2900 W 16TH ST BEDFORD 47421	PD	182	SHANKS, RAY, W, 1148 LUCERNE PKWY CAPE CORAL FL 33904	GP	106

SHANNON, WESLEY, EUGENE, 215 N WARD ST CRAWFORDSVILLE 47933	GP	198	SHELLEY, EDWARD, S, 207 S TAYLOR ST SOUTH BEND 46625	GP	258
SHAPIRO, BURTON, J, 3620 N MERIDIAN INDIANAPOLIS 46208	OPH	134	SHELLEY, RICHARD, JOS, 5470 E 16TH ST INDIANAPOLIS 46218	OBG	134
SHAPIRO, JOS, 4214 PARRISH AVE EAST CHICAGO 46312	GP	174	SHELTON, CLYDE, F, 1726 STATE ST NEW ALBANY 47150	PD	078
SHAPIRO, SEYMOUR, WM, 6400 152 CT LOWELL 46356	GS	174	SHELTON, N, PHILIP, 621 S 7TH ST VINCENNES 47591	FP	162
SHARP, GARY, CHAS, 120 WEST MC KENZIE RD GREENFIELD 46140	GP	110	SHERER, KENNETH, E, P O BOX 249 RICHMOND 47374	AN	314
SHARP, MERLE, CALVIN, 912 E LA SALLE AVE SOUTH BEND 46617	OBG	258	SHERMAN, DAVID, EMERY, 2400 FERRY ST LAFAYETTE 47904	OBG	286
SHARP, THOS, WAYNE, 2920 RAMBLE RD WEST BLOOMINGTON 47401	GP	214	SHERSTER, HARRY, 2459 SHELBY ST NO 1 % IRENE PATTERSON INDIANAPOLIS 46203	GP	134
SHARP, WM, LELAND, 559 CITIZENS BANK BLDG ANDERSON 46016	P	186	SHERWOOD, CLARENCE, E, 1504 5TH ST SOUTH BROOKINGS SD 57006	OS	082
SHARVELLE, D, J, 2424 GLICK ST LAFAYETTE 47905	OPH	286	SHERWOOD, J, VINCENT, 200 STARCREST DR APT NO 317 CLEARWATER FL 33515	PUD	082
SHATTUCK, JOHN, CHAS, 11 WEST CHESTNUT ST BRAZIL 47834	GP	038	SHETTY, DAYANANDA, M, 1814 ORIOLE DR MUNSTER 46321	OTO	174
SHAW, GLENN, ROBT, 1344 KENWOOD DR BLUFFTON 46714	OBG	318	SHEVICK, ALEXANDER, 840 LINCOLNWAY VALPARAISO 46383	OBG	230
SHEEHAN, E, GREGG, 421 CHESTNUT ST EVANSVILLE 47713	OBG	296	SHIELDS, DUNCAN, MC ELROY, 219 DOGWOOD DR CHESTERTON 46304	OM	230
SHEEHAN, FRANCIS, G, 8436 BROWNING DR NO E INDIANAPOLIS 46227	EM	134	SHIELDS, JACK, EMERSON, 603 W SPRING ST BROWNSTOWN 47220	GP	138
SHEEHY, JOSEPH, C, 380 PLAZA DRIVE SUITE D COLUMBUS 47201	IM	014	SHINA, HASSI, CHARLESTOWN LANDING RD CHARLESTOWN 47111	GP	034
SHEEK, KENNETH, IVINSON, 360 S MADISON AVE GREENWOOD 46142	GP	158	SHINABERY, LAWERENCE, 212 THREE RIVERS NORTH FORT WAYNE 46802	GP	082
SHEELER, GARY, LEE, 3217 LAKE AVE FORT WAYNE 46805	FP	082	SHINN, GLORIA, LOU, 303 S MAIN ST BLUFFTON 46714	GS	318
SHELDON, SUEL, A, 508 ANDERSON BANK BLDG ANDERSON 46016	D	186	SHIPLEY, EDWARD, CHAS, 2010 W 86TH ST SUITE 205 INDIANAPOLIS 46260	CHP	134
SHELLENBERGER, WALLACE, A, SANDY HOOK ROAD PAOLI 47454	P	210			

SHIRAZI KESHAVERZ,E, 2000 WEST MAIN ST NO E RICHMOND 47374	OTO	314	SIBBITT,JOS,WM, 115 S LINCOLN BLOOMINGTON 47401	OTO	214
SHIVELY,JOHN,L, 2525 SOUTH ST LAFAYETTE 47904	ORS	286	SICKS,OKLA,WILBUR, 1970 HAMILTON LANE CARMEL 46032	GS	134
SHOEMAKER,RICHARD,L, 3547 SOUTH 100 EAST LAFAYETTE 47905	GP	096	SIDDIQUI,ASLAM,R, 1100 W MICHIGAN INDIANAPOLIS 46202	NM	134
SHOLTY,WM,MAXWELL, 1831 LILLY ROAD LAFAYETTE 47905	AN	286	SIDEBOTTOM,EARL,W, 4000 E SOUTHPORT RD INDIANAPOLIS 46227	GS	134
SHORT,JOHN,A, 4284 SOUTH C COURT RICHMOND 47374	AN	314	SIDEL,ALAN,WAYNE, 5110 N CLINTON FORT WAYNE 46825	GP	082
SHOWALTER,JOHN,RALPH, 1233 MAPLE AVE TERRE HAUTE 47804	GP	298	SIDELL,JAMES,PAUL, 1208 LINCOLN HWY E NEW HAVEN 46774	GP	082
SHRIBER,WM,HOWARD, 211 N EDDY AT COLFAX SOUTH BEND 46617	OBG	256	SIDERYS,HARRY, 1815 N CAPITAL AVE-507 INDIANAPOLIS 46202	TS	134
SHRINER,PHILIP,OWEN, 3124 EAST STATE BLVD NO 19-21 FORT WAYNE 46805	U	082	SIEBENMORGEN,PAUL, 1024 S 6TH ST TERRE HAUTE 47807	GP	298
SHRINER,RICHARD,LEE, 914 E JEFFERSON BLVD SOUTH BEND 46617	P	258	SIEGEL,LYLE,PHILLIP, 7091 E CHERRY ST EVANSVILLE 47715	AN	296
SHRINER,WILLIAM,CUPPY, 620 8TH AVE TERRE HAUTE 47804	P	298	SIEKIERSKI,JOS,M, 145 N GRIFFITH BLVD GRIFFITH 46319	FP	174
SHROCK,ETHAN,ELLSWORTH, AMBOY 46911	GP	098	SIGMOND,HARVEY,W, 8402 HARCAOURT RD APT 805 INDIANAPOLIS 46260	ORS	134
SHROYER,HERBERT,L, 1137 SOUTH MAIN ST DUNKIRK 47336	GP	318	SIGMUND,WM,BELMER, PO BOX 366 COLUMBUS 47201	U	014
SHUCK,WILLIAM,ARTHUR, 1251 KEM RD MARION 46952	GS	096	SILBERT,MICHAEL,ZALMAN, 822 W 1ST ST SUITE 4 BLOOMINGTON 47401	GS	214
SHUCK,WM,ARTHUR, 414 N MULBERRY ST MADISON 47250	GS	150	SILBERT,ROBT,KIM, 1633 NORTH CAPITOL AVE INDIANAPOLIS 46202	PM	134
SHUGART,ROBERT,R, 2609 FAIRFIELD AVE FORT WAYNE 46807	ORS	082	SILVA,CARLOS,A, 503 E NATIONAL AVE SUITE A INDIANAPOLIS 46227	GS	134
SHULRUFF,HARRY,I, 3701 MAIN ST EAST CHICAGO 46312	OPH	174	SILVER,RICHARD,ARNOLD, 1114 FREDRICK DR SOUTH INDIANAPOLIS 46260	R	134
SHULTZ,CLIFFORD,JAMES, R D 1 BOX 126 BUTLER 46721	GP	056	SILVERMAN,NORMAN,M, 1142 S CENTER TERRE HAUTE 47802	P	298
SHUMACKER,HARRIS,B, 8402 HARCOURT RD STE 411 INDIANAPOLIS 46260	CDS	134	SILVERO,HUBERT,L, 1417 N ANTHONY BLVD FORT WAYNE 46805	GP	082

SILVERS,L,MICHAEL, 1104 N WAYNE NORTH MANCHESTER 46962	FP	302	SIXBEY,MAURICE,DEAN, DENVER MED CLINIC DENVER 46926	GP	194
SIMMLER,DONALD,W, BALL MEMORIAL HOSP 2401 UNIVERSITY AVE MUNCIE 47303	IM	062	SKAGGS,HOMER, RR NO 5 FLEENER EVANSVILLE 47711	EM	296
SIMMONS,FREDERICK,H, 1009 N BALDWIN AVE MARION 46952	OTO	098	SKIDMORE,CHAS,EDWARD, 128 WEST MARKET ST WOLCOTT 47995	GP	286
SIMMONS,JAMES,EDWIN, 1100 W MICHIGAN ST INDIANAPOLIS 46202	CHP	134	SKILES,MELVIN,JAMES, 134 PARKVIEW DR MADISON 47250	DR	150
SIMMS,J,LEON, 3140 N ILLINOIS ST INDIANAPOLIS 46208	GP	134	SKILLERN,SCOTT,D, 722 E COLIFAX SOUTH BEND 46617	D	258
SIMS,J,LAWRENCE, 1311 N ATLANTIC AVE NEW SMYRNA BEACH FL 32069	OTO	134	SKLENARZ,KRISTYNA,MARIA, 6111 HARRISON ST MERRILLVILLE 46410	P	174
SIMS,LARRY,WAYNE, 521 KIRKWOOD DR EVANSVILLE 47715	EM	296	SLAMA,GEO,FRANCIS, 6111 HARRISON ST MERRILLVILLE 46410	GE	174
SINCHAI,PRAVIT, 5284 BROADWAY GARY 46408	OPH	174	SLAUGHTER,HOWARD,C, 1001 WALNUT ST EVANSVILLE 47706	OPH	296
SINGCO,BIENVENIDO,D, 1513 BRUNNER DR GREENFIELD 46140	FP	110	SLAUGHTER,JOHN,C, 3700 BELLEMEADE AVE EVANSVILLE 47715	D	296
SINGER,MARK,I, 2074 LANDMARK DRIVE NO 904 INDIANAPOLIS 46260	OTO	134	SLAUGHTER,OWEN,LE ROY, R R 8 BROWNING RD 24 OAK MEADOW EVANSVILLE 47711	IM	296
SINGH,CHANDRABHAN, JOHNSON CO HOSP PATH DEPT FRANKLIN 46131	PTH	158	SLICHENMYER,JACK,ELLIS, 3500 LAFAYETTE RD INDIANAPOLIS 46222	OTO	134
SINGH,URMILA, 6919 EAST TENTH INDIANAPOLIS 46219	PD	134	SLICK,CRYSTAL,RAY, 512 OAK ST WINCHESTER 47394	GP	246
SINKOVIC,GERALD,MATHIAS, 25 BEACHWAY DR INDIANAPOLIS 46224	GP	134	SLOAN,W,KEITH, 426 E MAIN ST MADISON 47250	GS	150
SINN,CHAS,M, 515 READ ST EVANSVILLE 47710	IM	296	SLUSS,DAVID,H, 3657 WASHINGTON BLVD INDIANAPOLIS 46205	GS	134
SIRLIN,EDWARD,MARTIN, 5248-6 STONEHEDGE BLVD CANTERBURY GREEN FORT WAYNE 46815	PD	082	SMALL,IVER,FRANCIS, L D CARTER MEM HOSP INDIANAPOLIS 46202	P	134
SIRUGO,ALDO,CORRADO, 6916 W JOHNSON RD LA PORTE 46350	OTO	178	SMALLS,GEO,DOUGLAS, 636 EAST 21ST AVE GARY 46407	U	174
SISON,EDUARDO,VENTENILLA, 2105 OLD OAK DR VALPARAISO 46383	GP	230	SMEJKAL,JERALD,J, 6111 HARRISON ST MERRILLVILLE 46410	PS	174
SISON,VICENTE,G, 2929 S 1ST ST TERRE HAUTE 47802		296	SMITH,A,WILSON, 1901 TAYLOR RD COLUMBUS 47201	IM	242

SMITH, BARTON, TAYLOR, 702 RIVER RD MARION 46952	OBG	098	SMITH, JOHN, PAUL, 3217 LAKE AVENUE FORT WAYNE 46805	GP	082
SMITH, BERNARD, 1721 BROADWAY GARY 46407	IM	174	SMITH, KENNETH, ALLEN, 1804 N JEFFERSON ST HUNTINGTON 46750	IM	130
SMITH, CHAS, FELPS, HOWARD COMMUNITY HOSP KOKOMO 46901	R	126	SMITH, LE ROY, A, 1511 WABASH SUTE 15 MICHIGAN CITY 46360	ORS	176
SMITH, CLIFFORD, CURTIS, 5110 N CLINTON FORT WAYNE 46825	GP	082	SMITH, LEE, 1925 E JEFFERSON BLVD SOUTH BEND 46617	OPH	258
SMITH, DAVID, LESLIE, 5300 W 96TH ST INDIANAPOLIS 46268	OBG	134	SMITH, LOWELL, CLINE, 615 LINGLE AVE LAFAYETTE 47901	GP	286
SMITH, EVRETT, FRANK E, MARION GENERAL HOSP RAD DEPT WABASH AND EUCLID STREETS MARION 46952	R	098	SMITH, PHILIP, LE ROY, 2826 FAIRFIELD AVE FORT WAYNE 46807	OBG	082
SMITH, FRED, PROFESSIONAL BLDG TELL CITY 47586	GS	222	SMITH, RALPH, OGILVY, P O BOX 686 VINCENNES 47591	IM	162
SMITH, GORDON, LANE, 715 1ST AVE EVANSVILLE 47710	P	296	SMITH, RAY, C, 1303 N ARLINGTON AVE NO 4 INDIANAPOLIS 46219	GS	134
SMITH, H, CHAS, 303 S MAIN ST BLUFFTON 46714	PD	318	SMITH, ROBT, D, 100 DONCASTER DR LAFAYETTE 47905	GP	174
SMITH, HAROLD, EARL, RR NO 7 BOX 151 MEADOWBROOK LN NEWBURGH 47630	EM	296	SMITH, ROGER, CARLTON, 3124 E STATE ST FORT WAYNE 46805	IM	082
SMITH, HERSCHEL, S, 316 EAST 4TH ST P O BOX 667 BLOOMINGTON 47401	OPH	214	SMITH, ROY, LEE, 407 N PENNSYLVANIA INDIANAPOLIS 46204	U	134
SMITH, HOPE, C, 3566 W 71ST INDIANAPOLIS 46268	GP	134	SMITH, ROY, MITCHEL, 1307 STRINGTOWN RD EVANSVILLE 47711	GP	296
SMITH, JAMES, WARREN, 1100 W MICHIGAN ST INDIANAPOLIS 46202	CLP	134	SMITH, STEWART, P, 801 ST MARYS DRIVE SUITE 501 EVANSVILLE 47715	NEP	296
SMITH, JERALD, E, 7905 CALUMET AVE MUNSTER 46321	FP	174	SMITH, THEODORE, J, 1819 MID OCEAN CIR SARASOTA FL 33579	OM	174
SMITH, JERROLD, REX, 5430 E 21ST ST INDIANAPOLIS 46218	PD	134	SMITH, WILBUR, L, 1100 W MICHIGAN INDIANAPOLIS 46202	DR	134
SMITH, JOHN, ARTHUR, 1100 W MICHIGAN ST INDIANAPOLIS 46208	R	134	SMITLEY, ROGER, P, 110 RIDGE RD MUNSTER 46321	IM	174
SMITH, JOHN, HAROLD, 144 GRANDISON RD GREENFIELD, 46140	AN	110	SMUCKER, ERNEST, EDWARD, 112 S 5TH AVE GOSHEN 46526	GS	070
			SMUCKER, JON, E, 112 S 5TH ST GOSHEN 46526	GS	070

SMYRNIOTIS, FOTIOS, E, 1251 KEM RD KEM VIEW MED CTR MARION 46952	GE	098	SOE, MINN, 4111 WEST MICHAEL DR MARION 46952	AN	098
SNEARY, MAX, EUGENE, 125 BAUM ST AVILLA 46710	GP	206	SOKOL, ALLEN, B, 7420 KENNEDY AVE HAMMOND 46323	PD	174
SNELL, GARY, W, 313 EAST UNION ST LIBERTY 47353	FP	314	SOLIS, ROGER, VALBERG, 430 CONKEY ST HAMMOND 46324	OBG	174
SNELL, MALCOLM, SHERWOOD, 5354 N PARK AVE INDIANAPOLIS 46222	NS	134	SOMANI, INDRA, KUMAR, 600 GRANT ST GARY 46402	PTH	174
SNIDER, BYRON, 16976 DOMINICAN DR SAN DIEGO CA 92128	OS	134	SOMERS, ALAN, BROUNELL, 711 WEST SECOND ST BLOOMINGTON 47401	N	214
SNIDER, DONALD, LESTER, P O BOX 517 VINCENNES 47591	GS	162	SONDGERATH, CLIFFORD, JOS, 3005 GREENBUSH STREET LAFAYETTE 47904	FP	286
SNIDER, ROLAND, SIMPSON, 2235 DUBOIS ST WARSAW 46560	GP	166	SONG, JOHN, YE KUN, 1344 TULIP LANE MUNSTER 46321	GP	174
SNIVELY, WM, DANL, RR 1 BOX 277 EVANSVILLE 47721	IM	296	SONGER, JOS, MICHAEL, 3729 WEST JACKSON ST MUNCIE 47304	IM	062
SNODGRASS, ROBT, EUGENE, 532 TURTLE CREEK N DR STE A-1 INDIANAPOLIS 46227	P	134	SONNE, IRVIN, H, 1546 SUNSET DR NEW ALBANY 47150	R	078
SNOWHITE, ARTHUR, B, 513 NORTH RIVER DRIVE MARION 46952	OPH	098	SOPER, HUNTER, ALEXANDER, 3524 N MERIDIAN ST INDIANAPOLIS 46208	IM	134
SNYDER, CLYDE, REID, MENTAL HEALTH CLINIC BLOOMINGTON 47401	P	214	SORAK, KATICA, 7905 CALUMET MUNSTER 46321	DR	174
SNYDER, MORRIS, CLAYTON, 100 NORTH 15TH RICHMOND 47374	GP	314	SORG, DAVID, ARTHUR, 2325 SANTA ROSA DR FORT WAYNE 46805	END	082
SNYDER, PARKER, W, 302 N DUKE PERU 46970	FP	194	SORIA-NAVARRO, CORAZON, E, 46 STONEGATE DRIVE STONEGATE PROFESSIONAL PLAZA INDIANAPOLIS 46227	OBG	134
SNYDER, RICHARD, JEROME, 1111 W JACKSON ST MUNCIE 47303	OBG	062	SORKIN, SHEILA, W, 1101 EAST GLENDALE BLVD VALPARAISO 46383	GP	230
SNYDERMAN, SANFORD, CHAS, 102 MED CTR BLDG FORT WAYNE 46802	OTO	082	SORRELLS, GEORGE, W, 2900 W 16TH ST BEDFORD 47421	PD	182
SO, JAMES, L, 20400 ACHILLES-ARCADIA OLYMPIA FIELDS IL 60461	TS	174	SOTOLONGO, ELADIO, 8807 STAGHORN RD INDIANAPOLIS 46260	AN	134
SOBAT, WILLIAM, SAMUEL, 1815 N CAPITOL R 304 INDIANAPOLIS 46202	GS	134	SOUDER, BONNELL, MARIE, 206 W 7TH ST AUBURN 46706	A	058
SOBOL, ZBIGNIEW, W, 328 N MICHIGAN ST SOUTH BEND 46601	ORS	258	SOUDER, MARK, S, 3217 LAKE AVE FORT WAYNE 46805	FP	082

SOULE, MARY, A, 5214 BRIEF RUN INDIANAPOLIS 46226	OBG	134	SPELLMEYER, JOHN, CLAIR, REID MEMORIAL HOSP 1401 CHESTER BLVD RICHMOND 47374	R	314
SOUTER, MARTHA, CHANDLEY, 5764 OAKLAND TERR APT C INDIANAPOLIS 46220	PD	134	SPENCE, MICHAEL, B, 11807 EDEN ESTATES DRIVE CARMEL 46032	DR	134
SOUTH, DALE, R, SIMPSON AND SUPERIOR ELKHART 46514	FP	070	SPENCER, BEAUFORT, A, 110 E 10TH ST BLOOMINGTON 47401	A	214
SOUTH, TERRY, A, RR 5 BOX 287 EVANSVILLE 47711	GP	296	SPENCER, C, HERBERT, 105 THREE RIVERS N FORT WAYNE 46802	AN	082
SOVINE, JOE, W, 8182 NORTH ILLINOIS ST INDIANAPOLIS 46260	IM	134	SPENCER, FREDERIC, 902 PERRY ST VINCENNES 47591	OBG	162
SOWA, ELIZABETH, LEE CLARK, 1015 HULMAN EVANSVILLE 47708	OPH	296	SPICER, STEPHEN, CHARLES, 1103 EAST GRACE ST RENSSELAER 47978	FP	142
SOWA, RONALD, W, 611 HARRIETT ST EVANSVILLE 47710	ORS	296	SPINDLER, RICHARD, GILBERT, 300 NORTH TOWNLINE RD LAGRANGE 46761	OM	170
SPAHN, JAMES, GABRIEL, 314 S E RIVERSIDE EVANSVILLE 47713	OTO	296	SPITZBERG, DANL, HARVEY, 313 EAST CARMEL DR NO A CARMEL 46032	OPH	134
SPAHR, JOHN, FRANKLIN, 3014 GREEN HILLS LANE INDIANAPOLIS 46222	OBG	134	SPOLYAR, LOUIS, WM, 1330 W MICHIGAN ST INDIANAPOLIS 46202	PH	134
SPAIN, W, THOS, R R 1 BOX 56 NEWBURGH 47630	OBG	296	SPRAY, PAGE, EDWARD, 320 W HIGH ST ELKHART 46514	GP	070
SPALDING, DAVID, LEE, 427 LINCOLN WAY EAST MISHAWAKA 46544	FP	258	SPRECHER, HERMAN, C, 5040 BELLEMEADE EVANSVILLE 47715	CRS	296
SPALDING, JOS, JOHN, 7290 N MERIDIAN ST INDIANAPOLIS 46260	OPH	134	SPRECHER, JAMES, JOHN J, 900 'I' ST LA PORTE 46350	GP	178
SPALDING, WENDELL, L, 820 LINCONWAY WEST MISHAWAKA 46544	GP	258	SPRINGSTUN, GEO, HOBART, OAKTOWN 47561		162
SPANGLER, JESSE, SAML, 2126 SOUTH WEBSTER KOKOMO 46901	GS	126	SPRINGSTUN, WALTER, R, 854 LODGE AVE EVANSVILLE 47714	PD	296
SPARKS, ALAN, LEO, 7456 LIONSHEAD DR INDIANAPOLIS 46260	OTO	134	SPURGEON, CHARLES, HADDON, 2500 WEST 42ND ST INDIANAPOLIS 46208	N	134
SPARKS, PAUL, WIN, R R 2 WINCHESTER 47394	GS	246	SPURGIN, GREGORY, ALLAN, 3266 N MERIDIAN INDIANAPOLIS 46208	IM	134
SPEAS, ROBT, CALVIN, 402 TRIBUNE BLDG TERRE HAUTE 47801	OTO	298	SPURLOCK, FAE, HEDRICK, 1625 WESTERN LAFAYETTE IN 47906	P	286
SPECK, CARLSON, RAYMOND, BALL MEM HOSP MUNCIE 47303	R	062	SPUTH, CARL, BROSIUS, 5506 E 16TH ST INDIANAPOLIS 46218	OTO	134

SRI, PRASIT, 30 DOUGLAS HAMMOND 46320	ORS	174	STARKS, WILLIAM, O, 3405 NICHOL AVE ANDERSON 46011	ORS	186
SROKA, STANLEY, JOS, 2942 HIGHWAY AVE HIGHLAND 46322	GP	174	STASICK, MURRAY, 7330-38 INDIANAPOLIS BLVD HAMMOND 46324	GP	174
STADLER, HAROLD, E, 41 N SHORTRIDGE RD INDIANAPOLIS 46219	PD	134	STAUFFER, GEO, E, MOORELAND 47360	GP	122
STAFFORD, TOM, MICHAEL, 2828 FAIRFIELD AVE FORT WAYNE 46807	OBG	082	STAUFFER, RICHARD, C, 2730 E STATE ST FORT WAYNE 46605	ORS	082
STAFFORD, WM, CLAYTON, BOX 97 PLAINFIELD 46168	IM	118	STAUNTON, HENRY, A, 3016 MISHAWAKA AVE SOUTH BEND 46615	GP	258
STAKEM, BRIAN, EDWARD, 2600 GREENBUSH ST LAFAYETTE 47904	R	286	STAYTON, CHESTER, A, 1500 ALBANY ST STE 906 BEECH GROVE 46107	R	134
STALEY, HARRY, L, 303 S MAIN ST BLUFFTON 46714	IM	318	STECY, PETER, 1923 CLARK AVE WHITING 46394	GP	174
STALLINGS, HUGH, ALOYSIUS, P O BOX 5525 EVANSVILLE 47715	OBG	296	STEELE, EVERETT, B, 318 S EAST ST CROWN POINT 46307	GP	174
STALLMAN, CARL, F, 409 E WAYNE ST KENDALLVILLE 46755	GP	206	STEELE, HUGH, HENDERSON, 2600 GREENBUSH LAFAYETTE 47902	GE	286
STALTER, GAYLORD, W, NORTH WEBSTER 46555		326	STEELE, LOWELL, R, 2712 BLUFF COURT BLOOMINGTON 47401	CRS	202
STAMPER, JOS, HERBERT, 619 STATE ROAD 67 W ANDERSON 46013	AN	186	STEELE, RONALD, EDWARD, 9251 N DELAWARE INDIANAPOLIS 46240	U	134
STAMPER, ROBT, J, 2117 EAST 5TH ST ANDERSON 46012	GP	186	STEEN, LOWELL, HARRISON, 2450 169TH ST HAMMOND 46323	IM	174
STAMPS, THOS, EDWARD, 3700 BELLEMEADE EVANSVILLE 47715	IM	296	STEFFEN, JULIUS, T, 443 N WABASH ST WABASH 46992	GP	302
STANGLE, WM, J, BLOOMINGTON HOSP BLOOMINGTON 47401	R	214	STEFFY, RALPH, MAURICE, 504 W ARCH ST PORTLAND 47371	GP	146
STANLEY, JOHN, ROBT, 1111 W JACKSON ST MUNCIE 47305	OBG	062	STEGEMOLLER, RONALD, 100 MEADOWS DRIVE DANVILLE 46122	FP	118
STANLEY, ROBT, GOULD, 3610 BROOKLYN AVE FORT WAYNE 46807	FP	082	STEGE, BYRON, L, 5241 MAROTT COURT INDIANAPOLIS 46226	OS	134
STANSBURY, WM, EDWARD, 5601 E 21ST ST INDIANAPOLIS 46218	GP	134	STEICHEN, JAMES, BAPTISTE, 8402 HARCOURT RD STE 217 INDIANAPOLIS 46260	ORS	134
STARK, WILLIAM, A, 1601 FRANKLIN ST MICHIGAN CITY 46360	ORS	178	STEIGMEYER, DAVID, J, 3124 E STATE ST FORT WAYNE 46805	PD	082

STEIN, MARK, H, 8330 NAAB ROAD INDIANAPOLIS 46260	PD	134	STEVENS, SYDNEY, L, 1802 N ILLINOIS INDIANAPOLIS 46202	OTO	134
STEIN, RICHARD, H, 502 AMERICAN BANK BLDG VINCENNES 47591	AN	162	STEVENS, JERRY, L, 2017 MELODY LN ANDERSON 46012	PTH	186
STEINEM, JOS, L, INSCOTT, 818 GRAND AVE CONNERSVILLE 47331	FP	074	STEWART, PAUL, WAYNE, 12110 GRANT ST CROWN POINT 46307	GP	174
STEINKELER, STEVEN, M, 8330 NAAB RD INDIANAPOLIS 46260	FP	134	STEWART, ALAN, 400 S SIXTH ST VINCENNES 47591	IM	162
STEINMETZ, EDWARD, FRANCIS, 8402 HARCOURT RD INDIANAPOLIS 46260	CD	134	STEWART, J, FRANK W, P O BOX 513 VINCENNES 47591	PUD	162
STEPHENS, DONALD, E, 1440 E 46TH ST INDIANAPOLIS 46205	GP	134	STEWART, L, RAY, 611 HARRIET ST EVANSVILLE 47714	R	296
STEPHENS, JAMES, PICKARD, 215 WARD ST CRAWFORDSVILLE 47933	GP	198	STEWART, PAUL, NORFLEET, 740 EAST 52ND ST INDIANAPOLIS 46205	CHP	134
STEPHENS, LOWELL, R, BOX 185 COVINGTON 47932	FP	086	STEWART, RALPH, WM, P O BOX 979 501 SOUTH SIXTH ST VINCENNES 47591	OPH	162
STEPHENS, ROBT, WAYNE, 12322 BROOKSHIRE PKWY CARMEL 46032	OTO	134	STIBBINS, WARREN, EDWARD, 4111 WHEELING AVE MUNCIE 47304	GP	062
STEPHENS, SUSAN, ANN R, 12322 BROOKSHIRE PKWY CARMEL 46032	GP	062	STIER, PAUL, LOUIS, 721 BROADWAY FORT WAYNE 46802	IM	082
STEPLETON, JOHN, DAVID, REID MEM HOSP RICHMOND 47374	PTH	314	STILLER, AILEEN, GRIFFIN, 1200 MICHIGAN AVE LA PORTE 46350	OBG	178
STERN, MONA, KAUFMAN, 7535 E HAROLD AVE GARY 46403	GP	174	STILLER, ERNEST, WM, 200 WILE ST SUITE 1 LA PORTE 46350	ORS	178
STERNE, JOHN, HOWARD, P C BOX 5166 EVANSVILLE 47715	ORS	296	STILWELL, BARBARA, M L, 5140 N MERIDIAN ST INDIANAPOLIS 46208		134
STETTbacher, LYNNE, LEE, 3524 NORTHSIDE BLVD SOUTH BEND 46615	IM	256	STILWELL, WM, R, 2607 SOUTH C PL RICHMOND 47374	AN	314
STEURY, ERNEST, MILLARD, BOX 3039 BOMET SOTIK KENYA EAST AFRICA G0263	GP	134	STIMSON, HARRY, RENNER, 1815 EAST IRELAND ROAD SOUTH BEND 46615	FP	256
STEUSSY, CALVIN, N, 601 HOSIER DR NEW CASTLE 47362	PTH	122	STINE, MARSHALL, E, 424 W SOUTH ST BREMEN 46506	GP	190
STEVENS, ADAM, CHAS, 203 W DIAMOND ST KENDALLVILLE 46755	R	318	STINSON, WM, MEFFORD, 2101 JACKSON ST ANDERSON 46014	GP	186
STEVENS, EDWIN, W, 7905 CALUMET AVE MUNSTER 46321	IM	174	STOELTING, J, LEWIS, 1724 N 7TH TERRE HAUTE 47804	OBG	298

STOELTING,ROBT,KENNETH, 3666 WALDEN DR CARMEL 46032	AN	134	STOVALL,ALFRED, 332 E PONTIAC ST FORT WAYNE 46803	GP	082
STOELTING,VERGIL,K, 4706 LAUEL CR INDIANAPOLIS 46226	AN	134	STOVER,MERVIN,C, 7905 CALUMET AVE MUNSTER 46321	PD	174
STOGDILL,WM,J, 520 N COQUILLARD SOUTH BEND 46617	GP	258	STRANG,WM,C, 1815 N CAPITOL AVE SUITE 407 INDIANAPOLIS 46202	P	134
STOGSDILL,WILLIS,W, 11175 ST ANDREWS LANE CARMEL 46032	AN	134	STRANGE,PAUL,S, 8202 SOUTH MADISON ST INDIANAPOLIS 46227	GS	134
STOLLER,HARRY,JOE, 60466 U S 31 S SOUTH BEND 46614	FP	258	STRATIGOS,JOS,SPYRIDON, 527 N LAFAYETTE BLVD SOUTH BEND 46601	PM	258
STOLLER,LEON,JUSTUS, 2 OAK MEADOW PLACE R#BROWNING EVANSVILLE 47711	OBG	296	STRAYER,JOS,WM, 300 VALLEY ST NO 405 LAFAYETTE 47905	PUD	286
STOLTZ,ROBT,M, 1406 LA PORTE AVE VALPARAISO 46383	GP	230	STRECKER,WM,LOUIS, 88 ALLENDALE TERKE HAUTE 47802	AN	298
STOLZ,THOS,J, BOX 398 OTTERBEIN 47970	GP	286	STREEPEY,JEFFERSON,I, 1919 STATE ST SUTE 205 NEW ALBANY 47150	GP	078
STONE,ALVIN,T, 6202 N COLLEGE AVE INDIANAPOLIS 46220	GP	134	STREETER,RALPH,T, 3131 E 38TH ST INDIANAPOLIS 46218	OBG	134
STONE,DAVID,FRED, 245 SE STEBBINS TERR PUNTA GORDA FL 33950	OS	134	STREHLER,DON,ALLEN, 303 S MAIN ST BLUFFTON 46714	PD	318
STONE,DENNIS,E, 380 PLAZA DR SUITE D COLUMBUS 47201	IM	014	STRIBLING,JAMES,LESLIE, 2030 DOCTORS PARK COLUMBUS 47201	GYN	014
STONE,ROBT,CHAS, 405 S CAVIN ST LIGONIER 46767	GP	206	STRICKER,PAUL,JAMES, 701 FAIR OAKS DR NEW CASTLE 47362	GP	122
STONE,WM,MAURICE, 3266 NORTH MERIDIAN ST INDIANAPOLIS 46208	OBG	134	STRICKLAND,JAMES,W, 8402 HARCOURT RD SUTE 217 INDIANAPOLIS 46260	ORS	134
STOOKEY,RICHARD,DON, 295 S WISCONSIN ST HOBART 46342	GP	174	STRICKLAND,NEIL,RICHARD, 5506 E 16TH ST INDIANAPOLIS 46218	OBG	134
STOOPS,JEAN,TODD, 400 ASH ST WABASH 46992	GP	302	STRINGER,DRENNON,DURWOOD, 1035 BANCROFT CIRCLE APT B MISHAWAKA 46544	IM	258
STORER,WM,R, 3266 N MERIDIAN APT 701 INDIANAPOLIS 46208	CD	134	STROUD,PAUL,E, 8058 WITHERINGTON ROAD INDIANAPOLIS 46268	OBG	134
STOREY,D,EDMUND, 1010 E 86TH BLDG 1050 INDIANAPOLIS 46240	IM	134	STRYCKER,DEAN,LA MAR, 2495 REDFIELD ST NILES MI 49120	AN	258
STOUT,HARRY,T, 1201 OAK ST FRANKFORT 46041	GP	042	STUCKY,ELSWORTH,KEENE, 1349 MADISON AVE INDIANAPOLIS 46225	GP	134

STUCKY, JERRY, LUCAS, 5110 N CLINTON FORT WAYNE 46825	FP	082	SURIAN, MICHAEL, ANDREW, 411 WEST FIRST ST BLOOMINGTON 47401	U	214
STUDEBAKER, LLOYD, R, 300 N TOWNLINE RD LAGRANGE 46761	GP	170	SURRATT, MARY, A NORRIS, 6160 N MERIDIAN INDIANAPOLIS 46208	OPH	134
STUMP, LOYD, K, 5626 EAST 16TH ST SUITE 21 INDIANAPOLIS 46218	IM	134	SUWANWILAI, CHAROEN, ST CATHERINE HOSP 4321 FIR ST EAST CHICAGO 46312	PTH	174
STUMP, THOS, ALBERT, 4486 S MERIDIAN ST INDIANAPOLIS 46217	PTH	134	SUZUKI, TSUTOMU, TOM, 505 WASHINGTON ST COVINGTON 47932	GP	086
STUMPF, EDWIN, E, 610 PROFFESIONAL PARK DR NEW HAVEN 46774	GP	082	SWAIM, J, FRANKLIN, P O BOX 185 ANDERSON ST ROCKVILLE 47872	GP	218
STUNTZ, EDGAR, CHEADLE, 2500 FERRY ST SUTE 200 LAFAYETTE 47904	P	286	SWANK, LUCRETIA, RICHISON, 1600 E JACKSON BLVD ELKHART 46514	AN	070
STURDEVANT, FRANK, MOXLEY, 1101 EAST GLENDALE BLVD VALPARAISO 46383	OBG	230	SWEARINGEN, ALFRED, G, 2802 E STATE BLVD FORT WAYNE 46805	R	082
STURGIS, DONALD, GRIFFES, 117 S INDIANA AVE SELLERSBURG 47172	FP	034	SWEENEY, ROBT, MUROL, 115 N SUNNYSIDE AVE SOUTH BEND 46617	PD	258
SU, HUEY-JER, 2100 N CENTER TERRE HAUTE 47804	CD	298	SWIHART, DANNY, DALE, SIMPSON AND SUPERIOR ELKHART 46514	FP	070
SUELZER, JOHN, G, 3266 NORTH MERIDIAN ST NO 506 INDIANAPOLIS 46208	ORS	134	SWIHART, JOHN, JACOB, 882 PINE ST WINNETKA IL 60093	PTH	190
SUESS, ROBT, EDWIN, 7504 MORNINGSIDE DR INDIANAPOLIS 46240	IM	134	SYMMES, ALFRED, T, 1010 E 86TH ST INDIANAPOLIS 46240	IM	134
SUGARMAN, DONALD, RAYMOND, 2200 LAKE AVE SUITE 150 FORT WAYNE 46805	R	082	SZALAY, LESLIE, 107 SOUTH MAIN STREET KNOX 46534		274
SULIT, SEVERINO, TORRES, 603 E NORTH HARTFORD CITY 47348	GS	062	SZANTO, PHILIP, A, 1152 HOLLY LANE MUNSTER 46321	PTH	174
SULLIVAN, JAMES, JERRY, 7824 SHADY HILLS DR INDIANAPOLIS 46278	PTH	134	SZUMILAS, PETER, PAUL, 2009 BROWN ST ANDERSON 46014	OBG	186
SULLIVAN, ROBT, E, 3030 LAKE AVE FORT WAYNE 46805	GS	082	SZYNAL, JOHN, S, 2811 E 46TH ST INDIANAPOLIS 46205	GS	134
SUMMERLIN, JACK, D, 3351 N MERIDIAN INDIANAPOLIS 46208	OTO	134	TABION, NAPOLEON, C, 513 RIDGE ROAD MUNSTER 46321	U	174
SUMRALL, ARTHUR, JAMES, 3231 N MERIDIAN ST INDIANAPOLIS 46208	D	134	TACKER, WILLIS, ARNOLD, 2901 WILSHIRE AVE WEST LAFAYETTE 47906	GP	286
SUN, CHEN, TUNG, HEBRON CLINIC HEBRON 46341	GS	230	TADATADA, VICTORIANO, JOSE, 103 E MARKET ST SALEM 47167	FP	310

TALBERT, PIERRE, CARL, 303 S MAIN ST BLUFFTON 46714	GS	318	TAYLOR, EVERETT, CHAS, UPLAND 46989	GP	098
TALBOTT, DAN, EUGENE, R R 3 BOX 250A ZIONSVILLE 46077	OBG	134	TAYLOR, FREDERIC, WM, 40 EAST 43RD ST INDIANAPOLIS 46205	GS	134
TALLEY, TERRY, WAYNE, 611 HARRIET ST STE 403 EVANSVILLE 47710	OPH	296	TAYLOR, HAROLD, FRANK, 9436 N KENWOOD AVENUE INDIANAPOLIS 46260	NM	134
TAN, EUGENIO, N, R R 13 BOX 420 ROCKY CREEK E BEDFORD 47421	AN	182	TAYLOR, JAMES, ALVIN, DELCO-REMY GMC ANDERSON 46011	OM	186
TAN, JUAN, 60 DOUGLAS HAMMOND 46320	EM	174	TAYLOR, JAMES, EDWARD, 1101 EAST GLENDALE BLVD VALPARAISO 46383	GP	230
TAN, MANUEL, L, 5800 FAIRFIELD AVE FORT WAYNE 46802	AN	082	TAYLOR, JOHN, RICHARD, 105 N MAIN ST PALESTINE 1L 62451	GP	282
TANNER, MARTHA, H, 619 W FIRST ST BLOOMINGTON 47401	IM	214	TAYLOR, MILLARD, REED, BOX 96 A RR2 HOWE 46746	GP	170
TANRIKULU, ORHAN, 2450 169TH ST HAMMOND 46323	PD	174	TAYLOR, ROBT, GEO, 605 PROFESSIONAL PARK DR NEW HAVEN 46774	RHU	082
TAPLEY, DWIGHT, L, 61047 U S HWY 31 SOUTH SOUTH BEND 46614	GP	258	TAYLOR, ROBT, LEONARD, 206 MEADOW DR DANVILLE 46122	GS	118
TAPNIO, ROGELIO, ORDONEZ, 401 EAST REYNOLDS DR KOKOMO 46901	GE	126	TEABOLDT, GEO, ANDREW, 1240 N NEW JERSEY ST INDIANAPOLIS 46202	P	030
TARRY, KIRBY, BRUCE, 1920 DOCTORS PARK COLUMBUS 47201	U	014	TEAGUE, FRANK, W, 1500 ALBANY ST BEECH GROVE IN 46107	ORS	134
TATE, JAMES, ALAN, 3804 SOUTHLAND KOKOMO 46901	PD	126	TEAL, DOROTHY, DENZLE, 728 FRANKLIN ST COLUMBUS 47201	GP	014
TATE, THOS, DALE, 3610 BROOKLYN AVE FORT WAYNE 46809	GP	082	TEEGARDEN, JOS, A, 1919 E COLUMBUS DR EAST CHICAGO 46312	GP	174
TAUBE, JACK, I, 803 CHAMBER OF COMMERCE BLDG INDIANAPOLIS 46204	OPH	134	TEIXLER, VICTOR, A, 50 E 91ST STREET INDIANAPOLIS 46240	OPH	134
TAUBE, ROBT, ROY, 321 WEST 20TH STREET CONNERSVILLE 47331	GS	074	TELLER, THOMAS, F, 3700 BELLEMEADE AVE EVANSVILLE 47715	CLP	296
TAVEL, MORTON, EDWARD, 1139 FREDERICH S DR INDIANAPOLIS 46260	CD	134	TEMPLETON, IAN, SIM, 1130 MEDICAL PL SEYMOUR 47274	GS	138
TAYLOR, CLIFFORD, C, 3720 BRIARWOOD DR E INDIANAPOLIS 46240	R	134	TEMPLIN, DAVID, BROWNING, 308 E COMMERCIAL AVE LOWELL 46356	GP	174
TAYLOR, DONALD, ROSS, BALL MEM HOSP MUNCIE 47303	R	062	TEN BARGE, DAVID, PAUL, 801 ST MARYS DR SUITE NO 207 EVANSVILLE 47715	D	296

TENNANT, DAVID, LEWIS, 4802 CALUMET FORT WAYNE 46806	OM	082	THOMAS, EDWARD, PAUL, 3450 N ILLINOIS ST INDIANAPOLIS 46208	A	134
TERPSTRA, WILLIAM, G, 395 WESTFIELD RD NOBLESVILLE 46060	FP	134	THOMAS, FRED, ARVELLE, 5827 BROADWAY INDIANAPOLIS 46220	AN	134
TERRILL, RICHARD, W, 446 W PONTIAC AVE FORT WAYNE 46807	OPH	082	THOMAS, GERALD, JAY, 3290 GRANT ST GARY 46408	GS	174
TERRY, LLOYD, SHERMAN, 292 W MARION DANVILLE 46122	GP	118	THOMAS, JOHN, ROBT, 347 W BERRY ST FORT WAYNE 46802	OTO	082
TERRY, ROBT, HENRY, 316 S 3RD ST BOONVILLE 47601	GP	306	THOMAS, LOWELL, I, 28 W HAMPTON DR INDIANAPOLIS 46208	ORS	134
TEST, CHAS, EDWARD, 1559 CONSOLIDATED BLDG INDIANAPOLIS 46204	IM	134	THOMAS, MICHAEL, HOLMES, 330 LEXINGTON AVE ELKHART 46514	U	070
TETER, GEO, VINCENT, 1221 E 86TH ST INDIANAPOLIS 46240	PD	134	THOMAS, MORRIS, E, 1500 ALBANY ST NO 912 BEECH GROVE 46107	IM	134
TETHER, JOS, EDWARD, 3266 N MERIDIAN APT 604 INDIANAPOLIS 46208	IM	134	THOMAS, W, CLAYTON, 109 JOHN ST NOBLESVILLE 46060	GP	106
TETRICK, ELBERT, L, NATIONAL STEEL CORP PORTAGE 46368	OM	230	THOMPSON, BURTIS, J, MARION GEN HOSP MARION 46952	PTH	098
THARP, DONALD, W, 3201 W PETTY RD MUNCIE 47304	OPH	062	THOMPSON, CLAUDE, N, WAYNETOWN 47990	GP	198
THARP, JOHN, D, 3111 WEST JACKSON ST MUNCIE 47304	U	062	THOMPSON, JOHN, M, 209 SHERLAND BLDG SOUTH BEND 46601	OPH	258
THATCHER, HUGH, K, 1010 EAST 86TH ST NO 24 INDIANAPOLIS 46240	FP	134	THOMPSON, JOS, FRANCIS, 1100 W MICHIGAN ST INDIANAPOLIS 46202	OBG	134
THAYER, BENET, WM, 20 JACKSON ST NORTH VERNON 47265	GP	140	THOMPSON, LARRY, GENE, 604 NORTH MICHIGAN ST SOUTH BEND 46601	AN	258
THEPHASDIN, JIROJ, 5800 BROADWAY MERRILLVILLE 46410	NS	174	THOMPSON, PAUL, DE VIZE, 625 BOARD OF TRADE BLDG INDIANAPOLIS 46204	OPH	134
THOMAN, REX, LEROY, 7338 N CHESTER INDIANAPOLIS 46240	IM	134	THOMPSON, SAML, RICHARD, 625 W BERRY ST FORT WAYNE 46802	OPH	082
THOMAS, ANDREW, CRAIG, 5626 EAST 16TH ST NO 37 INDIANAPOLIS 46218	GP	134	THOMPSON, W, TURTON, 1403 YOUNGSTOWN DR JEFFERSONVILLE 47130	GS	034
THOMAS, CHAS, RICHARD, 9009 E SOUTHPORT RD INDIANAPOLIS 46259	OBG	134	THOMPSON, WAYNE, H, 5470 E 16TH ST INDIANAPOLIS 46218	GS	134
THOMAS, DANL, D, 3290 GRANT ST GARY 46408	CRS	174	THOMPSON, WM, R, 111 N MONTICELLO ST WINAMAC 46996	GP	238

THONG, SIONG-HOAT, 5800 FAIRFIELD AVE FORT WAYNE 46807	AN	082	TISSERAND, JOHN, B, 3700 BELLEMEADE AVE EVANSVILLE 47715	D	296
THORNTON, MAURICE, JOHN, 125 W MARION ST SOUTH BEND 46601	R	258	TODD, JOHN, RUCKER, 311 HENRY ST NORTH VERNON 47265	EM	034
THROOP, FRANK, B, 3266 N MERIDIAN STE 508 INDIANAPOLIS 46208	ORS	134	TOFAUTE, JOHN, L, 7454 SOMERSET BAY INDIANAPOLIS 46240	ORS	134
THUPVONG, CHAWTIPYA, D, 6401 ARTHUR STREET MERRILLVILLE 46410	AN	174	TOMLIN, HUGH, MALCOLM, 420 W WASHINGTON ST MUNCIE 47305	IM	062
THUPVONG, KOSIN, 7895 BROADWAY MERRILLVILLE 46410	CDS	174	TOMLIN, JERROLD, E, 1220 SPRING ST JEFFERSONVILLE 47130	ORS	034
THURSTON, FLOYD, EDWARD, 120 WEST JACKSON STREET SHELBYVILLE 46176	R	266	TOMUSK, AUGUST, 2628 FAIRFIELD AVE FORT WAYNE 46807	CDS	082
THURSTON, JOHN, BRADLEY, 8330 NAAB RD INDIANAPOLIS 46260	PS	134	TONDRA, JOHN, MICHAEL, 8330 NAAB RD INDIANAPOLIS 46260	PS	134
TICSAY, BENVENIDO, V, 1225 E COOL SPRINGS MICHIGAN CITY 46360	U	178	TOPOLGUS, JAMES, N, 403 N WALNUT ST BLOOMINGTON 47401	OBG	214
TIELKER, RICHARD, ELMER, 3217 LAKE AVE FORT WAYNE 46805	GP	082	TOPOLGUS, JAMES, N, 403 N WALNUT ST BLOOMINGTON 47401	GS	214
TIERNEY, WM, JOS, 1431 N MADISON AVE ANDERSON 46016	GS	186	TOPPING, MALACHI, COMBS, 843 FAIRLAWN COURT BOX 105 MARCO FL 33937	ORS	296
TIFFANY, JOS, CALVIN, 6111 HARRISON ST MERRILLVILLE 46410	GS	174	TORD, JOSE, N, 3266 N MERIDIAN ST INDIANAPOLIS 46208	GE	134
TIGNOR, STERLING, PRESTON, 401 E REYNOLDS DR KOKOMO 46901	GS	126	TORRES, JOSE, C, 207 SPARKS AVE JEFFERSONVILLE 47130	GS	034
TILKA, EDWARD, CHAS, 7134 CALUMET AVE HAMMOND 46324	GP	174	TOUSSAINT, LINNE, FENELON, 9124 S BENNETT AVE CHICAGO IL 60617	AN	174
TINDALL, GEO, T, 6555 CHESTER E DR INDIANAPOLIS 46220	GP	134	TOWANNASUT, VERAPON, 6111 HARRISON ST MERRILLVILLE 46410	OTO	174
TINIO, WILFRIDO, MORA, 2919 RAMBLE RD WEST BLOOMINGTON 47401	AN	214	TOWER, JAMES, H, P O BOX 70 SHELBYVILLE 46176	GP	266
TINSLEY, WALTER, B, 8432 W 85TH ST INDIANAPOLIS 46278	AN	134	TOWER, THOS, KERMIT, CAMPBELLSBURG 47106	CD	310
TIRMAN, WALLACE, S, JEFFERSON MED ARTS BLDG NO 207 SOUTH BEND 46622	R	258	TOWLES, JEFF, HERMAN, 2513 S CALHOUN FORT WAYNE 46806	GS	082
TIRUCHELVAM, ROHAN, L M, 2785 NORTH VALHALLA DR MARION 46952	AN	096	TOWNLEY, NORMAND, THOS, 3266 N MERIDIAN INDIANAPOLIS 46208	AN	134

TOYAMA, TSUYOSHI, 713 THORNWOOD DR SOUTH HOLLAND IL 60473	AN	174	TRUSLER, HAROLD, MARSHALL, 1144 CONSOLIDATED BLDG INDIANAPOLIS 46204	PS	134
TRACHTENBERG, LEE, H, 1646 45TH AVE MUNSTER 46321	OPH	174	TSAI, SAN, HUA, 922 W 52ND DR APT 343 MERRILLVILLE 46410	OBG	174
TRAINER, TOM, FRANK, 2020 W 86TH ST INDIANAPOLIS 46260	ORS	134	TSENG, CHE-LU, 620 EAST 13TH ST WINAMAC 46996	GS	238
TRAN, LAU, LYONS CLINIC LYONS 47443	FP	102	TUASON, LEONORIO, BERSAMIN, SUNNYSIDE DR BOX 22 MARTINSVILLE 46151	GS	202
TRANter, WM, FRANK, 2337 FLORA AVE FORT MYERS FL 33901	OS	290	TUASON, RICARDO, MAURICIO, 926 WEST MAIN ST MUNCIE 47305	GS	062
TRIER, HERBERT, PAUL, 2414 FT WAYNE NATL BANK BLDG FORT WAYNE 46802	P	082	TUBERGEN, LAVERNE, B, 1100 W MICHIGAN INDIANAPOLIS 46202	OTO	134
TRIMBLE, JOHN, G, 402 SOUTH BERKLEY ROAD KOKOMO 46901	OPH	126	TUCHMAN, JOS, H, 2040 E 46TH ST INDIANAPOLIS 46205	GP	134
TRIPLETT, DOUGLAS, A, PATHOLOGY DEPT 2401 UNIVERSITY AVE MUNCIE 47303	HEM	062	TUCKER, WARREN, SAML, 3530 SOUTH KEYSTONE AVE #200 INDIANAPOLIS 46227	PUD	134
TRIPLETT, WILLIAM, B, 3700 BELLEMEADE EVANSVILLE 47715	A	296	TUFEKCIOGLU, ERDOGAN, 815 LAPORTE AVE VALPARAISO 46383	R	230
TRITCH, DAN, LEE, 3610 BROOKLYN FORT WAYNE 46809	FP	082	TUHOLSKI, JAMES, MARTIN, 20 STEPPING STONE LN GREENWICH CT 06830	PD	296
TROEGER, THOMAS, ALBERT, 912 E LA SALLE SOUTH BEND 46617	HEM	258	TUMULURI, V, S, 3530 SOUTH KEYSTONE #305 INDIANAPOLIS 46227	HS	134
TROUT, CARL, JOS, 800 STATE ST LAFAYETTE 47901	OPH	286	TUNNELL, HARRY, DANL, P O BOX 5404 FORT WAYNE 46805	GS	082
TROUT, DAVID, JOS, 2 NORTH 26 LAFAYETTE 47904	OTO	286	TURGI, ROBT, W, 6111 HARRISON ST MERRILLVILLE 46410	OTO	174
TROY, JACK, MILTON, 2450 169TH ST HAMMOND 46323	PD	174	TURNER, ANNA, LUCINDA GOSS, BOX 313 MADISON 47250	AN	150
TROYER, DANA, O, 201 E CLINTON ST GOSHEN 46526	OPH	070	TURNER, JOHN, PATRICK, 115 E WASHINGTON ST GOSHEN 46526	GP	070
TROYER, GEO, WELDON, 110 W HIGH PARK AVE GOSHEN 46526	OBG	070	TURNER, MAURICE, A, 315 NORTH HOME AVE MARTINSVILLE 46151	GP	202
TROYER, MARLIN, L, 328 N MICHIGAN SOUTH BEND 46601	ORS	258	TURRELL, EUGENE, SNOW, 600 N ALABAMA #1602 INDIANAPOLIS 46204	P	134
TRUDGEN, SPENCER, FOLLIOTT, 2020 WEST 86TH STREET INDIANAPOLIS 46260	OBG	134	TUSHAN, FAYEZ, S, 1213 N ARLINGTON AVE INDIANAPOLIS 46219	IM	134

TUTUNJI, NERMIN, DJAMIL, 720 E CEDAR ST SUITE 130 SOUTH BEND 46617	CDS	258	UNZICKER, ROGER, GENE, 206 W WARREN ST MIDDLEBURY 46540	FP	070
TWEEDALL, DANL, CODY, 715 1ST AVE STE 10 EVANSVILLE 47710	D	296	URBA, VYTAUTAS, VICTOR, 7905 CALUMET MUNSTER 46321	P	174
TWENTY, JOHN, DOUGLAS, 1440 EAST 46TH ST INDIANAPOLIS 46205	GP	134	URBANSKI, WALTER, PATRICK, 2513 HIGHWAY AVE HIGHLAND 46322	OBG	174
TYNDALL, JOHN, PHILLIP, 3124 E STATE ST FORT WAYNE 46805	OBG	082	URGENA, REGINO, B, 5857 N 500 W RR 1 MARION 46952	AN	098
TYNER, HARLAN, HOWARD, 3663 N DELAWARE INDIANAPOLIS 46205	OPH	134	URRUTI, ARNOLDO, HORACIO, 62G J M S BLDG SOUTH BEND 46601	P	258
TYRRELL, JOS, J, 800 STATE LINE ST CALUMET CITY IL 60409	GS	174	VAGNER, SAML, BERNARD, 53190 WILLOW RUN RD SOUTH BEND 46637	GP	256
TYRRELL, THOS, CARROLL, 800 STATE LINE ST CALUMET CITY IL 60409	GS	174	VAKKUR, GEO, JURI, 211 NORTH EDDY ST SOUTH BEND 46617	N	258
TZUCKER, JOHN, 806G KNUE ROAD #214 INDIANAPOLIS 46250		134	VALENA, DOMINADOR, V, 1206 N PETTY RD MUNCIE 47304	AN	122
UFKES, HERBERT, 108 STAT ST NORTH JUDSON 46366	GP	274	VALENCIA, MONICO, M, 2606 CENTRAL CENTER GARY 46405	ABS	174
ULGADO, EDMUNDO, SILVANO, 1917 GRAND AVE CONNERSVILLE 47331	GP	074	VALENZUELA, DIEGO, CASTRO, 305 E MAIN ST VEVAY 47043	GP	150
ULLOM, RALPH, B, 2020 W 86TH ST STE 201 INDIANAPOLIS 46260	IM	134	VALENZUELA, ROBERTO, D, 5490 BROADWAY MERRILLVILLE 46410	GP	174
ULREY, ROBT, PAUL, 130 E MILL RD EVANSVILLE 47711	AN	296	VALENZUELA, SOFIA, SALOMON, 5490 BROADWAY MERRILLVILLE 46410	PD	174
UM, TAI, KUN, 801 ST MARYS DRIVE NO 309 EVANSVILLE 47715	IM	296	VAN BUSKIRK, EDMUND, L, 2500 FERRY ST NO 301 LAFAYETTE 47904	OPH	286
UMPHREY, JAMES, E, 303 S MAIN ST BLUFFTON 46714	END	318	VAN CAMPEN, WARREN, MILTON, 8402 HARCOURT ROAD SUITE 701 INDIANAPOLIS 46260	AN	134
UNDERHILL, GARY, EUGENE, 421 CHESTNUT ST EVANSVILLE 47713	PD	296	VAN DEN BOSCH, WALLACE, R, 33 N 22ND ST LAFAYETTE 47904	P	286
UNDERWOOD, GEO, MAUZY, JEFFERSON SQUARE LAFAYETTE 47905	GP	286	VAN DENBARK, HOWARD, M, 313 C SOUTH BERKLEY RD KOKOMO 46901	OBG	126
UNGEMACH, WILLO, FREDERICK, 3009 FAIRFIELD FORT WAYNE 46807	IM	082	VAN FLEET, JOSEPHINE, 1330 W MICHIGAN ST INDIANAPOLIS 46206	PH	134
UNNI, RAMAKRISHNAN, P, TWIN TOWERS-SUITE 525 MERRILLVILLE 46410	U	174	VAN FLEIT, WM, EDMUND, 720 E CEDAR ST SUITE 130 SOUTH BEND 46617	CDS	258

VAN HOEK,ROBT, WISHARD MEMORIAL HOSPITAL INDIANAPOLIS 46202	OS	134	VEACH,WM,L, 1235 OHIO ST TERRE HAUTE 47607	U	298
VAN HOVE,EUGENE,DENNIS, 7816 WINDCOMBE BLVD INDIANAPOLIS 46240	NM	134	VEATCH,RONALD,I, 3202 N MERIDIAN ST INDIANAPOLIS 46208	R	134
VAN KIRK,JOHN,ROBT, 2496 SYCAMORE LANE WEST LAFAYETTE 47906	GP	286	VELASQUEZ,ARMANDO, U S STEEL 215 BROADWAY GARY 46402	GS	174
VAN KIRK,PAUL,PHILLIP, 105 WEST WASHINGTON ST MONTICELLO 47960	OS	322	VELUZ,MARIO,ISAAC, P O BOX 882 GARY 46402	P	174
VAN METER,C,POWELL, 5470 E 16TH ST INDIANAPOLIS 46218	FP	134	VENABLES,ALBERT,J, 420 RUNNYMEADE EVANSVILLE 47714	PTH	296
VAN NESS,WM,CHAS, 212 SOUTH MAIN ST SUMMITVILLE 46070	GP	186	VERDE,HORACIO,V, 1742 BEACHVIEW COURT CROWN POINT 46307	P	230
VAN NESS,WM,CHAS, NO 11 FAIRWAY DR ALEXANDRIA 46001		186	VERGARA,ABELARDO,F, 2943 42ND ST HIGHLAND 46322	OM	174
VAN SCOYC,JON,DARA, 110 LAKEVIEW DR NOBLESVILLE 46060	FP	106	VERMILYA,ROBT,WELSH, 1001 LIFE BLDG LAFAYETTE 47901	AN	266
VAN TASSEL,CHAS,J, 8402 HARCOURT ROAD INDIANAPOLIS 46260	U	134	VESEY,WM,JOS, 711 RIVER DR MARION 46952	OTO	098
VAN VACTOR,HELEN,DARE, 1815 N CAPITOL STE 512 INDIANAPOLIS 46202	IM	134	VIBUL,SANTI, 801 ST MARYS DRIVE EVANSVILLE 47715	TS	296
VAN WIENEN,JOHN, 60 W MORGAN ST MARTINSVILLE 46151	GP	202	VIEGAS,BRENDA,P, 4097 EASY ST GREENWOOD 46142	PD	158
VANDER TOLL,DONALD,JOHN, 509 RIDGE RD MUNSTER 46321	GS	174	VIEGAS,OSCAR,J, 4097 EASY STREET GREENWOOD 46142	AN	134
VANDER WESTHAYSEN,PETER, 7550 HOHMAN AVE MUNSTER 46321	NS	174	VIEIRA,JOSE,THOS, RD 2 SUNSET LAKE COATESVILLE 46121	GP	242
VANDIVIER,JAMES,M, 8402 HARCOURT RD STE 309 INDIANAPOLIS 46260	IM	134	VILLA,FLORENCIO,CASTILLO, 223 W OAK ST UNION CITY 47390	GS	246
VANDIVIER,ROBT,M, RR 3 BOX 144B FRANKLIN 46131	IM	134	VILLAMIL,RAMON,J, 303 SOUTH MAIN ST BLUFFTON 46714	IM	318
VAUGHN,WALTER,R, 615 DUBOIS ST VINCENNES 47591	U	162	VILLANUEVA,ONOFRE,Q, 1812 BENHAM FORT WAYNE 46808	PD	082
VEACH,LESTER,WARDLAN, BAINBRIDGE 46105	GP	242	VINCENT,JOHN,PAUL, 3700-179TH ST HAMMOND 46323	ORS	174
VEACH,RICHARD,LESTER, BAINBRIDGE 46105	GP	242	VINCENT,WM,ADAM, 421 CHESTNUT ST EVANSVILLE 47713	IM	296

VINICOR,FRANK, 1100 W MICHIGAN ST INDIANAPOLIS 46202	END	134	VORE,ROBT,E, 5350 MARMON CIRCLE INDIANAPOLIS 46226	AN	134
VINLUAN,TEOFILO,S, 131 N WASHINGTON ST MARION 46952	IM	098	VORMOHR,JOS,FRANK, 604 W ARCH ST PORTLAND 47371	GP	146
VIRAY,VICTORIANO,G, 804 N DRIVE CRAWFORDSVILLE 47933	GS	198	VOSKUHL,WM,LOUIS, 935 WATER ST CHARLESTOWN 47111	GP	034
VIVIAN,DONALD,E, R R 4 NEW CASTLE 47362	DR	122	VOSS,GERT, 420 W WASHINGTON ST MUNCIE 47305	OBG	062
VIX,VERNON,A, INDIANA UNIV MED CTR RADIOLOGY DEPT INDIANAPOLIS 46202	R	134	VOYLES,HARRY,ELWOOD, 425 BEHARRELL AVE NEW ALBANY 47150	GP	078
VIZCARRA,RUBEN,FABIAN, 212 FIFTH ST LOGANSPOET 46947	GP	030	WACHOB,TOM,W, 212 EAST LINCOLN ROAD KOKOMO 46901	OBG	126
VLASKAMP,ELAINE,MARIE, 500 W CHARLES ST MUNCIE 47305	GP	062	WACK,JAMES,EDWARD, 530 W INDIANA AVE SOUTH BEND 46613	GP	258
VOGEL,JOHN,L, 215 E VAN BUREN COLUMBIA CITY 46725	IM	326	WADDELL,J,RONALD, 611 HARRIET ST-STE 501 EVANSVILLE 47710	GS	296
VOGEL,LAWRENCE,JOHN, 722 MAIN ST MOUNT VERNON 47620	GP	234	WADE,REYNOLDS,WAYNE, 3201 14TH ST NO 307 ST CLOUD MN 56301	FP	082
VOGEL,LLOYD,ALBERT, 13433 LIBERTY MILLS ROAD FORT WAYNE 46804	EM	082	WADLE,ROBERT,HAROLD, 7905 CALUMET AVE MUNSTER 46321	PD	174
VOLAN,GEORGE,J, 7895 BROADWAY MERRILLVILLE 46410	GS	174	WAECHTER,FRANK,EDWARD, RR 5 40 POWERS PL NEWBURGH 47630	OBG	296
VOLLRATH,VICTOR,JOHN, 5202 N ILLINOIS ST INDIANAPOLIS 46208	GP	134	WAGNER,ARTHUR,L, 115 E 9TH ST JASPER 47546	GP	066
VON ASCH,GEO,FREDERICK, 2030 MICHIGAN AVE LA PORTE 46350	GP	178	WAGNER,LINDLEY,HEATH, 2424 FERRY ST LAFAYETTE 47904	IM	286
VON DER HAAR,GERARD,A, 1640 N RITTER ST INDIANAPOLIS 46218	GP	134	WAGNER,RICHARD,A, 611 HARRIET ST L 100 EVANSVILLE 47710	FP	296
VON DER LIETH,WM,P CAREW, BOX 703 VINCENNES 47591	GS	162	WAGNER,RICHARD,W, 1355 GUILFORD ST HUNTINGTON 46750	GP	130
VONDER HAAR,THOS,E, 515 READ ST EVANSVILLE 47710	IM	296	WAGNER,VIRGINIA,MEADE, 510 COUNTY CLUB RD INDIANAPOLIS 46234	PD	134
VOORHEES,ROBT,JOHN, 2018 FOREST VALLEY DR FORT WAYNE 46805	GS	082	WAGNER,WM,LESLIE, 1655 HAWTHORNE DR PLAINFIELD 46168		118
VOORHIES,MC,KINLEY, 1940 MASSACHUSETTS GARY 46407	GP	174	WAGONER,BILLY,D, RR 2 UNION CITY 47390	GP	246

WAGONER,DON,JARED, POX 324 BURLINGTON 46915	GP	026	WALKER,FLOYD,BROWN, 4927 SOUTH LAFAYETTE ST FORT WAYNE 46806	GP	082
WAGONER,GEO,WESLEY, 202 W MAIN ST DELPHI 46923	GP	026	WALKER,G,DALY, 3200 SYCAMORE CT SUITE 1-D COLUMBUS 47201	GS	014
WAGONER,J,EDWARD, 2525 SOUTH ST LAFAYETTE 47904	ORS	286	WALKER,JACK,M, 412 WHITE RIVER BLVD MUNCIE 47303	ORS	062
WAGONER,JOHN,ROBT, 215 WEST 19 ANDERSON 46014	U	186	WALKER,ROBT,MURRAY, P O BOX 1149 BLOOMINGTON 47401	EM	214
WAGONER,MARILYN,L ASHER, BOX 324 BURLINGTON 46915	GP	026	WALKER,THOS,MARTIN, E MAIN ST BROWNSBURG 46112	GP	116
WAHLE,WM,MONTGOMERY, 1710 BREWSTER RD INDIANAPOLIS 46260	PTH	134	WALLACE,COLLINS,ROBT, 126 TIMBERLANE FORT WAYNE 46825	AN	082
WAINSCOTT,CLINTON,S, 1303 N ARTINGTON AVE SUITE 10 INDIANAPOLIS 46219	ORS	134	WALLACK,ELIOT,M, 5508 E 16TH ST INDIANAPOLIS 46218	N	134
WAISS,ELAINE,HELEN, 8203 SCHREIBER DR MUNSTER 46321	FP	174	WALTER,PAUL,A F, 2404 PENNSYLVANIA AVE EVANSVILLE 47721	OS	296
WALT,JEROME,HERSHAL, 360 N OAK COLUMBIA CITY 46725	FP	326	WALTER,ROBT,FREDERICK, 1514 S KENTUCKY AVE EVANSVILLE 47714	FP	296
WALTS,CHESTER,LA VERNE, 49 N 26TH ST LAFAYETTE 47904	GP	286	WALTERS,CHAS,EDWARD, 319 S SPRING ST MISHAWAKA 46544	GS	258
WALTT,PAUL,MARION, 450 LAFAYETTE ROAD NOBLESVILLE 46060	GS	106	WALTERS,JACK,LEON, 95 E OAK ST ZIONSVILLE 46077	GP	158
WAKIM,KHALIL,GEORGES, 807 SOUTH FIFTH TERRE HAUTE 47807	OS	298	WALTERS,WM,HAROLD, 3714 FRANKLIN ST MICHIGAN CITY 46360	CRS	176
WAKSMAN,ALBERTO, 303 S MAIN ST BLUFFTON 46714	PTH	318	WALTHALL,GERALD,CHAS, 3530 SOUTH KEYSTONE NO 310 INDIANAPOLIS 46227	OTO	134
WALDO,GUY,HAROLD, 2900 W 16TH BEDFORD 47421	IM	182	WALTHER,JOS,E, 4266 PENN ST INDIANAPOLIS 46205	IM	134
WALDO,JEANE,THAYER, 420 W 64TH ST INDIANAPOLIS 46260	OS	134	WALTON,FRED,RICHARD, JENNINGS CO HOSP NORTH VERNON 47265	GS	140
WALERKO,FRANK, 919 E JEFFERSON BLVD SOUTH BEND 46622	U	258	WALTON,RICHMOND,L, 1251 KEM ROAD MARION 46952	PD	098
WALKER,ADOLPH,PAUL, 8630 LINDEN AVE MUNSTER 46321	AN	174	WALTON,WM,M, 3530 S KEYSTONE #303 INDIANAPOLIS 46227	U	134
WALKER,EDWIN,MERCER, 501 N IRONWOOD DR SOUTH BEND 46615	AN	258	WAMBO,JOHN,M, 900 SIM HODGIN PARKWAY RICHMOND 47374	OBG	314

WANG, TIEH, CHUN, 1327 RIDGEWAY MUNSTER 46321	PTH	174	WARVEL, JOHN, HENRY, 77 FISHBACK RD INDIANAPOLIS 46278	IM	134
WANGELIN, RICHARD, 17 DOUGLAS PLACE TERRE HAUTE 47803	OPH	298	WASHINGTON, WILBERT, 2142 N CAPITOL AVE INDIANAPOLIS 46202	OPH	134
WANNER, LOREN, J, 303 S MAIN ST BLUFFTON 46714	OBG	318	WASS, JUSTIN, LEO, 3401 N RYBOLT APT D INDIANAPOLIS 46222	DR	134
WARBINTON, FRED, PHILLIP, 215 WARD ST CRAWFORDSVILLE 47933	GP	198	WATERFALL, KIM, W, 3217 LAKE AVE FORT WAYNE 46805	FP	082
WARD, GERALD, FREMONT, 3124 E STATE FORT WAYNE 46805	U	082	WATERS, GEO, EDWARD, 8402 HARCOURT ROAD NO 815 INDIANAPOLIS 46260	OPH	134
WARD, JAMES, WESLEY, 301 NORTH OCEAN BLVD APT 506 POMPANO BEACH FL 33062	AN	258	WATKINS, LARRY, EUGENE, 301 EAST MAUMEE ANGOLA 46703		278
WARD, ROBT, ANDERSON, PROFESSIONAL BLDG TELL CITY 47586	GP	222	WATSON, JAMES, RITZ, 3217 LAKE AVE FORT WAYNE 46805	FP	082
WARE, HERBERT, EARL, 1525 WEST JACKSON MUNCIE 47303	FP	062	WATSON, LEO, GENE, 3433 S LAFOUNTAIN KOKOMO 46901	OPH	126
WARE, JOHN, REED, RUSSIAVILLE 46979	GP	126	WATSON, STEPHEN, CLAIR, ST VINCENT HOSP INDIANAPOLIS 46260	EM	134
WARFIELD, CHESTER, H, 7024 FOREST WOOD DR FORT WAYNE 46805	R	082	WATTS, EDWIN, SCULLY, 8235 CALUMET AVE MUNSTER 46321	P	174
WARN, WM, JOHN, MILAN 47031	GP	250	WAY, JAMES, ALFRED, 2315 E 3RD BLOOMINGTON 47401	OPH	214
WARNEKE, CHAS, HAGER, 1815 N CAPITOL INDIANAPOLIS 46202	ORS	134	WAYMIRE, WM, MERLE, 101 WALNUT ST FRANKLIN 46131	R	158
WARNER, T, MAX, 7704 SINGLETON STREET INDIANAPOLIS 46227	PTH	134	WAYNE, LISLE, 3700 BELLEMEADE AVE EVANSVILLE 47715	PS	296
WARR, ARTHUR, CLIVE, 5050 NORTH CLINTON FORT WAYNE 46825	ORS	082	WEAVER, DOROTHY, EMILY, 3839 E KESSLER BLVD INDIANAPOLIS 46220	OM	134
WARREN, JOHN, ROBT, 622 SOUTH RANGE LINE ROAD CARMEL 46032	EM	106	WEAVER, R, WYATT, 1109 W MAUMEE ANGOLA 46703	FP	278
WARREN, ROBT, JOE, 1434 CHESTER BLVD RICHMOND 47374	PD	314	WEBB, HARRY, D, 515 CITIZENS BANK BLDG ANDERSON 46016	GP	186
WARRICK, FRANCIS, B, 100 N 15TH ST RICHMOND 47374	IM	314	WEBB, JOAN, LIEBENHEIM, 406 WHITE BLVD MUNCIE 47303	P	062
WARRINER, JAMES, BURTON, 1012 N EMERSON AVE INDIANAPOLIS 46219	IM	134	WEBB, MICHAEL, KEITH, 2020 WEST 86TH ST INDIANAPOLIS 46260	OBG	134

WEBB, ORVILLE, LYNN, 420 SOUTH MAIN ST NEW CASTLE 47362	GP	122	WEISNER, RICHARD, MEREDITH, ROUTE 1 EATON 47338	FP	062
WEBB, WILLIAM, J, 1255 ENGLE ST HUNTINGTON 46750	FP	130	WEISS, ALBERT, EMIL, 1225 E COOLSPRING MICHIGAN CITY 46360	GP	178
WEBER, EDGAR, HARTMETZ, 3008 E POWELL EVANSVILLE 47715	OM	296	WEISS, BRIAN, H, 535 W 35TH ST GARY 46408	GP	174
WEBER, EMIL, LEE, R R 6 BOX 90 BROWNING RD EVANSVILLE 47711	NS	296	WEISS, LOUIS, LLOYD, P O BOX 2129 ANDERSON 46011	AN	186
WEBER, JOS, G S, R R 1 BOX 62 CENTERPOINT 47840	R	298	WEISS, ROBT, M, 207 PROFESSIONAL ARTS BLDG NEW ALBANY 47150	D	078
WEBER, STEVEN, ALLEN, 198 EAST JEFFERSON ST FRANKLIN 46131	GP	158	WEITEMIER, RAYMOND, A, 1434 CHESTER BLVD RICHMOND 47374	PD	314
WEBER, WILLIAM, E, 822 WEST FIRST ST BLOOMINGTON 47401	PS	214	WEITZEL, ROLAND, E, 114 S HART ST PRINCETON 47670	GP	094
WEBSTER, MONICA, MAE, 2206 N ARLINGTON AVE INDIANAPOLIS 46218	IM	134	WELBORN, MELL, B, 421 CHESTNUT ST EVANSVILLE 47713	GS	296
WEBSTER, PAUL, L, 527 PARK RIDGE WEST LAFAYETTE 47906	DR	286	WELBORN, MELL, BURRESS, 421 CHESTNUT ST EVANSVILLE 47713	TS	296
WEDDLE, CHAS, O, 360 PLAZA DRIVE COLUMBUS 47201	GS	014	WELCH, NORBERT, M, R R 3 BOX 17 VINCENNES 47591	U	162
WEHLAGE, DAVID, FRANCIS, 634 N LAFAYETTE BLVD SOUTH BEND 46601	P	258	WELDY, BRYCE, P, 227 W FRANKLIN ST HARTFORD CITY 47348	OTO	062
WEIDA, JERRY, MAYNE, 3005 GREENBUSH ST LAFAYETTE 47904	GP	286	WELLER, RALPH, DEAN, R R 1 BOX 189A ROSSVILLE 46065	GP	286
WEINBAUM, JACK, G, BOX 1468 TERRE HAUTE 47808	PTH	298	WELLER, WENDELL, A, 153 PATHWAY LANE WEST LAFAYETTE 47906	OTO	286
WEINBERG, BENJ, A, 1104 - 119TH ST WHITING 46394	GP	174	WELLMAN, HENRY, NELSON, LONG HOSP ROOM 167B INDIANAPOLIS 46202	NM	134
WEINLAND, GEO, CHITTY, R R 9 HARRISON LAKES BOX 378 COLUMBUS 47201	P	014	WELLS, BARBARA, D, 206 FAIRVIEW AVE SPENCER 47460		214
WEIR, ROSEMARY, E KOELLING, R R 1 BROWNSTOWN 47220	GP	062	WELLS, WM, RUSSELL, 510 N MAIN ST PRINCETON 47670	GP	094
WEISENBERGER, BROCKTON, L, 3640 WOODSIDE DR COLUMBUS 47201	OM	014	WENINGER, DONALD, LEE, P O BOX 485 MICHIGAN CITY 46360	AN	178
WEISKOPF, HENRY, S, 7863 BROADWAY NO 128 MERRILLVILLE 46410	OPH	174	WENZLER, PAUL, JORDAN, 3901 E 3RD ST BLOOMINGTON 47401	GP	214

WERTENBERGER, MORRIS, D, 779 GREENMOUNT PIKE RICHMOND 47374	R	314	WHITE, HARVEY, E, 202 S MAIN ST FARMLAND 47340	GP	246
WESEMANN, MERRILL, MAX, 251 E JEFFERSON ST FRANKLIN 46131	GP	158	WHITE, JOHN, B, 5626 EAST 16TH ST NO 13 INDIANAPOLIS 46218	ORS	134
WEST, JOS, L, 355 WEST 62ND ST INDIANAPOLIS 46260	GP	134	WHITE, JOHN, PHILIP, 115 S LINCOLN BLOOMINGTON 47401	OTO	214
WEST, ROGER, FRANK, 221 S 6TH ST TERRE HAUTE 47801	PD	296	WHITE, THOS, ROGER, 431 KINGS VALLEY RD EVANSVILLE 47711	CD	296
WESTERFIELD, GORDON, LEE, 401 EAST REYNOLDS DR KOKOMO 46901	GP	126	WHITFIELD, JAMES, E, 2016 SYCAMORE ST KOKOMO 46901	FP	126
WESTERFIELD, LARRY, H, 1604 NORTH CAPITOL AVENUE INDIANAPOLIS 46202	DR	134	WHITLOCK, MERLE, E, 2118 LINDEN AVE MISHAWAKA 46544	GS	256
WESTFALL, B, KEMPER, 1251 WEST 86TH ST INDIANAPOLIS 46260	OM	134	WIATT, LEONARD, H, 2716 W FAIROAKS NEW CASTLE 47362	EM	122
WEYBRIGHT, WM, LEE, 206 W WARREN ST MIDDLEBURY 46540	GP	070	WICK, ALFRED, ALBERT, 2120 CAREW ST FORT WAYNE 46805	OPH	082
WHEELER, BARTH, EDMONSON, MEDICAL ARTS BLDG 1255 ENGLE ST PUNTINGTON 46750	GP	130	WICKSTROM, OTTO, W, 2360 N NATIONAL RD COLUMBUS 47201	ORS	014
WHEELER, BYRON, CLIFFORD, 400 8TH AVE TERRE HAUTE 47804	IM	298	WIDDIFIELD, GARTH, EUGENE, 532 TURTLE CREEK DR N INDIANAPOLIS 46227	GP	134
WHEELER, DAVID, E, 1500 N RITTER ST INDIANAPOLIS 46219	R	134	WIERZALIS, EDWARD, F, 2017 SHERMAN BLDG FORT WAYNE 46802	GP	082
WHEELER, EDWARD, CORNELIUS, 3500 N LAFAYETTE RD INDIANAPOLIS 46222	R	134	WIETHOFF, CLIFFORD, A, 1131 MEDICAL PL C-9 SEYMOUR 47274	GS	136
WHITAKER, JACK, DAWSON, COMMUNITY HOSPITAL 1515 NORTH MADISON AVE ANDERSON 46012	PTH	186	WIETHOFF, RICHARD, ALLEN, 1131 MEDICAL PL SEYMOUR 47274	GS	138
WHITCOMB, ROGER, F, 120 W JACKSON ST SHELBYVILLE 46176	GP	266	WIGUTOW, MARCOS, 500 WEST LINCOLN HIGHWAY MERRILLVILLE 46410	P	174
WHITE, CHAS, FREDRICK, 5806 HOOVER RD INDIANAPOLIS 46208	PM	134	WILAND, OLIN, K, REID MEM HOSP RICHMOND 47374	PTH	314
WHITE, DONALD, J, 3524 N MERIDIAN INDIANAPOLIS 46208	A	134	WILBRANDT, HANS, ROBT, 5912 W 16TH ST SPEEDWAY 46224	OPH	134
WHITE, DOUGLAS, H, 3524 N MERIDIAN INDIANAPOLIS 46208	IM	134	WILDER, GORDON, BOTKIN, 1337 N NURSERY RD ANDERSON 46012	IM	186
			WILHELM, AGATHA, M, 1032 E WAYNE ST SOUTH BEND 46617	IM	258

WILHELM, GUIDO, PAUL, 1007 N 16TH ST BOX 229 NEW CASTLE 47362	OBG	122	WILLIAMS, JACK, OWEN, 421 CHESTNUT ST EVANSVILLE 47713	IM	296
WILHELMUS, C, KENNETH, 1100 LINCOLN EVANSVILLE 47714	OM	296	WILLIAMS, JAMES, 711 W KESSLER BLVD INDIANAPOLIS 46208	U	134
WILHELMUS, GILBERT, M, 1028 WASHINGTON AVE EVANSVILLE 47714	GP	296	WILLIAMS, LARRY, V, 2066 RIDGEWOOD LANE MADISON 47250	GE	150
WILKENS, IRVIN, WM, 4820 E PLEASANT RUN PKWY N DR INDIANAPOLIS 46201	IM	134	WILLIAMS, PAUL, ALLAN, 1103 E GRACE ST RENSSELAER 47978	FP	142
WILKINSON, ROGER, LEWIS, 2009 BROWN ST ANDERSON 46014	GP	186	WILLIAMS, PAUL, DRAKE, 35 MERIDIAN LANE INDIANAPOLIS 46220	P	134
WILLARDO, ALBERT, THOS, 30 DOUGLAS STE 306 HAMMOND 46320	GP	174	WILLIAMS, ROBT, D, 2009 BROWN ST ANDERSON 46014	GP	186
WILLHITE, LARRY, GALE, R R 5 BOX 196A COLUMBUS 47201	AN	014	WILLIAMSON, ROBERT, T, 2600 GREENBUSH ST LAFAYETTE 47902	OPH	286
WILLIAMS, A, BERNIECE M, 6632 QUAIL RIDGE LANE FORT WAYNE 46804	GP	082	WILLIS, CHAS, FLEMING, 1100 S BEDFORD AVE EVANSVILLE 47713	GP	296
WILLIAMS, ALEXANDER, S, 436 W 25TH AVE PO BOX 119 GARY 46401	GP	174	WILLIS, ROBT, L, 2828 FAIRFIELD AVE FORT WAYNE 46807	R	082
WILLIAMS, BRUCE, 801 ST MARYS DRIVE EVANSVILLE 47715	PD	296	WILLISON, GEO, WYMAN, 3700 BELLEMEADE AVE EVANSVILLE 47715	IM	296
WILLIAMS, EARL, KENNETH, TWO CHASE PARK LOGANSPOET 46947	R	030	WILLMAN, JOE, IRVIN, RR 1 GASTON 47342	PTH	062
WILLIAMS, EDWIN, DANL, 628 E 21ST AVE GARY 46407	GP	174	WILLNER, ALAN, 630 EASTERN BLVD CLARKSVILLE 47130	FP	034
WILLIAMS, FIELDING, P, 511 GEIGER ST HUNTINGBURG 47542	GP	066	WILLS, MAX, B, 347 W 7TH ST AUBURN 46706	GP	058
WILLIAMS, FRANCIS, M, 1012 PARK ROAD ANDERSON 46011	IM	186	WILMS, JOHN, H, PURDUE UNIV STUD HOSP LAFAYETTE 47907	P	286
WILLIAMS, GARY, CHAS, 5941 EAST 30TH ST INDIANAPOLIS 46218	IM	134	WILSON, DAVID, 615 S WILLOW RD EVANSVILLE 47710	AN	296
WILLIAMS, HAROLD, WARREN, 6000 E 46TH ST INDIANAPOLIS 46226	GP	134	WILSON, DONALD, LEON, 6868 FOX LAKE SOUTH DR INDIANAPOLIS 46276	OPH	134
WILLIAMS, HOWARD, S, 3824 NORTH DELAWARE ST INDIANAPOLIS 46205	GER	134	WILSON, DOUGLAS, JAMES, 303 S MAIN ST MISHAWAKA 46544	OBG	258
WILLIAMS, HUGH, L, 5626 EAST 16TH ST SUITE 15 INDIANAPOLIS 46216	ORS	134	WILSON, FRED, LEE, 1501 S 3D ST TERRE HAUTE 47802	CD	298

WILSON, FRED, MADISON, R R 2 BOX 296 CARMEL 46032	OPH	134	WISE, CHAS, LOWELL, BOX 5 CAMDEN 46917	GP	026
WILSON, FRED, MONROE, 2745 LAKEWOOD DR N INDIANAPOLIS 46280	OPH	134	WISE, WM, R, 2372 LAFAYETTE RD INDIANAPOLIS 46222	GP	134
WILSON, JAMES, M, 919 E JEFFERSON BLVD SOUTH BEND 46622	GS	258	WISEMAN, EARLE, VANNOY, 6 DURHAM ST GREENCASTLE 46135	GS	242
WILSON, JOHN, SMITH, 122 N MAIN ST COLUMBIA CITY 46725	FP	326	WISEN, MARK, 711 WEST SECOND ST BLOOMINGTON 47401	N	214
WILSON, NED, ARLAN, 317 N WESTERN MARION 46952	PD	098	WISSMAN, WM, LEE, 295 LINDEN LANE COLUMBUS 47201	AN	014
WILSON, NORMAN, KEITH, 3421 S LAFOUNTAIN ST KOKOMO 46901	GP	126	WITHAM, RICHARD, STEVEN, 1630 S OHIO ST MARTINSVILLE 46151	GS	202
WILSON, OLIVER, R, BOX 525 MORGANTOWN 46160	GP	202	WIXTED, JOHN, FRANCIS, PRAIRIE CLUB CAMP HAZEL HURS HARBERT MI 49115	OPH	258
WILSON, ORLEY, EDWARD, 2505 GREENLEAF BLVD ELKHART 46514	GP	070	WIXTED, JULIA, M LUNDSTROM, PRAIRIE CLUB CAMP HAZEL HURS HARBERT MI 49115	OPH	258
WILSON, PAUL, HOBART, 2600 HASTY HILL LOGANSPOUT 46947	GS	030	WOERNER, LAUREL, JEAN, 8402 HARCOURT RD STE 705 INDIANAPOLIS 46260	IM	134
WILSON, RALPH, 517 MARY ST EVANSVILLE 47710	GP	296	WOERNER, THOS, EDWIN, 8402 HARCOURT RD STE 705 INDIANAPOLIS 46260	CD	134
WILSON, ROLAND, BYARD, 1207 S LAFAYETTE ST FORT WAYNE 46802	GP	082	WOHLFELD, JULIUS, B, 1222 15TH ST BEDFORD 47421	CD	182
WILSON, WYMOND, BURDETTE, BOX 425 MENTONE 46539	GP	166	WOJCIK, LADISLAS, D, 131 N WASHINGTON ST MARION 46952	PD	098
WINCE, LELAND, LAMAR, 806 W JACKSON ST MUNCIE 47305	PD	062	WOLF, HARRY, COHEN, 1265 W 86TH ST INDIANAPOLIS 46260	GP	134
WIND, JQS, LEON, 919 E JEFFERSON BLVD SOUTH BEND 46622	DR	258	WOLF, ROBT, ALLEN, 1447 OAK PARK DR MUNSTER 46321	GP	174
WINTER, DONALD, K, 3210 WATLING ST EAST CHICAGO 46312	GP	174	WOLF, WM, EDWARD, 403 FIRST NATL BANK BLDG LA PORTE 46350	AN	178
WINTER, WM, PERRY, 1390 E COLUMBUS ST MARTINSVILLE 46151	GP	202	WOLFE, MORTON, FRANCIS, 1919 STATE ST NEW ALBANY 47150	GP	078
WINTERS, PETER, LEE, 8402 HARCOURT RD SUITE 305 INDIANAPOLIS 46260	D	134	WOLFE, NELSON, ALBERT, 205 PROFESSIONAL ARTS BLDG NEW ALBANY 47150	GP	078
WIREY, HAROLD, RAY, 7377 S MADISON AVE INDIANAPOLIS 46227	GP	134	WOLFF, LARRY, H, 9333 CALUMET SUITE B MUNSTER 46321	OPH	174

WOLFRAM,DONALD,J, 5716 N PENN ST INDIANAPOLIS 46220	IM	134	WOOLERY,RICHARD,HENRY, 1310 W 16TH ST BEDFORD 47421	AN	182
WOLVERTON,GEO,M, 647 EASTERN BLVD CLARKSVILLE 47130	FP	034	WOOLLING,KENNETH,R, 1815 N CAPITOL INDIANAPOLIS 46202	CD	134
WONER,JOHN,WM, 390 A ST N E LINTON 47441	GP	102	WOOTEN,WILLIAM,GODFREY, 421 CHESTNUT ST WELBORN CLINIC EVANSVILLE 47713	FP	296
WONG,NORMAN,FRANCIS, SUITE 3A SQUARE 500 SAGAMORE PARKWAY W WEST LAFAYETTE 47906	GP	286	WORK,BRUCE,ALEXANDER, 1252 S JACKSON FRANKFORT 46041	GP	042
WONG,SAML,NIEN TSU, 30 DOUGLAS ST HAMMOND 46320	GS	174	WORKMAN,BARBARA,E, 2401 UNIVERSITY MUNCIE 47303	R	062
WONGSE SANIT,YONG,YOTS, 10806 HENDRICKS PLACE CROWN POINT 46307	AN	174	WORKMAN,FRANK, 3524 N MERIDIAN ST INDIANAPOLIS 46208	IM	134
WONGSE-SANIT,VATCHARA,M, 10806 HENDRICKS PL CROWN POINT 46307	AN	174	WORLEY,HENRY,LEE, 601 E SPRING ST NEW ALBANY 47150	OPH	078
WOOD,DONALD,E, 6467 W HOLIDAY DR INDIANAPOLIS 46260	IM	134	WORLEY,JOS,PAUL, 5839 E WASHINGTON ST INDIANAPOLIS 46219	GP	134
WOOD,OPAL,LESTER, 428 E BLAINE ST BRAZIL 47834	PH	038	WORTH,CLARENCE,W, R R 2 LAUREL 47024	GP	254
WOODALL,JOHN,WESLEY, 1302 S MADISON AVE ANDERSON 46011	FP	186	WORTH,ROBT,MILTON, 704 BRAESIDE SOUTH DR INDIANAPOLIS 46260	NS	134
WOODALL,ROBT,LOUIS, 1400 NORTH ST WASHINGTON 47501	PS	296	WRENN,ROBT,EMMETT, 711 WEST 2ND ST BLOOMINGTON 47401	OBG	214
WOODARD,ABRAM,S, 665 E 61ST ST INDIANAPOLIS 46220	GP	134	WRIGHT,CECIL,STUART, 207 BEVERLY TERR APTS ANDERSON 46016	R	186
WOODBURY,CLARENCE,R, 3405 NICHOL AVE ANDERSON 46011	ORS	186	WRIGHT,JOS,WM, 5506 E 16TH ST INDIANAPOLIS 46216	OTO	134
WOODEN,THOS,FRANKLIN, 8354 PARKVIEW AVE MUNSTER 46321	AN	174	WRIGHT,JOS,WM, 5506 EAST 16TH ST STE 22 INDIANAPOLIS 46218	OTO	134
WOODMAN,KENNETH,S, 1250 CHESTER BLVD RICHMOND 47374	GS	314	WRIGHT,ROSS,STANLEY, 2900 W 16TH ST BEDFORD 47421	GS	182
WOODS,ARBA,LEONARD, P O BOX 271 POSEYVILLE 47633	OS	234	WU,L Y,FRANK, 8402 HARCOURT ROAD INDIANAPOLIS 46260	PDA	134
WOODWARD,BEN,E, P O BOX 5166 EVANSVILLE 47715	ORS	296	WU,STEWART,CHIU HAO, 802 LA PORTE VALPARAISO 46383	GS	230
WOODWARD,WM,M, R R 1 BOX 55A WESTVILLE 46391	IM	230	WURSTER,RICHARD,EDMUND, 5508 E 16TH ST INDIANAPOLIS 46218	U	134

WYLIE,ROBT,REED, 1356 S LAKE PK HOBART 46342	GP	174	YOCUM,WM,STONE, 3656 GRANT GARY 46408	GS	174
WYTTEBACH,JOHN,EDWARD, 5808 EASTVIEW CT INDIANAPOLIS 46250	OM	134	YODER,C,RICHARD, 603 OAKLAND AVE ELKHART 46514	PD	070
YACKO,MICHAEL,LOUIS, 5341 N CHANNING RD INDIANAPOLIS 46226	AN	134	YODER,CARL,JESSE, 206 W WARREN MIDDLEBURY 46540	GP	070
YAHNKE,DAVID,GROSS, 2040 DOCTORS PARK COLUMBUS 47201	OBG	014	YODER,DEWEY,DWAYNE, R D 1 PIERCETON 46562	OPH	326
YALE,CHAS,A, 504 S WALNUT ST FAIRMOUNT 46928	EM	098	YODER,JONATHAN,GLEN, P O BOX 126 UNITED MISSION TO NEPAL KATHMANDA NEPAL 60606	GP	070
YANG,IN,WHAN, 800 MAC ARTHUR BLVD MUNSTER 46321	OBG	174	YODER,RICHARD,PHILIP, 303 S MAIN ST BLUFFTON 46714	IM	318
YARLING,JOHN,LEWIS, R R 9 BOX 437 MUNCIE 47302	P	062	YOLLES,ELLIOTT,A, 50 EAST 91ST ST INDIANAPOLIS 46240	OPH	134
YAST,CHAS,JOS, 6111 HARRISON ST MERRILLVILLE 46410	OTO	174	YONKMAN,GERHARD,FLORIAN, 6525 EAST 82ND ST INDIANAPOLIS 46250	FP	134
YAW,PETER,BARNETT, WISHARD MEMORIAL HOSPITAL 1001 WEST 10TH ST INDIANAPOLIS 46202	GS	134	YOU,KWANG-DUCK, 1133 HOLLY LANE MUNSTER 46321	TS	174
YEE,LUCIO,CHIONG, 12110 GRANT ST CROWN POINT 46307	GP	174	YOUNG,CLAUDE,CURTIS, 326 S E 7TH ST EVANSVILLE 47708	OBG	296
YEGERLEHNER,ROSCOE,S, 118 JUNIPER COURT WEST LAFAYETTE 47906	GP	286	YOUNG,EUSEBIO,C, 5506 E 16TH ST INDIANAPOLIS 46218	IM	134
YEPURI,C,AM, 630 EASTERN BLVD CLARKSVILLE 47130	IM	034	YOUNG,FREDERIC,DOUGLAS, 8809 CRESTWOOD MUNSTER 46321	OPH	174
YERETSIAN,ARA,KHOREN, 5500 EAST 81ST STREET MERRILLVILLE 46410	P	174	YOUNG,GERALD,STRAUSS, 924 W MAIN ST MUNCIE 47305	PD	062
YERGLER,WILLARD,G, 328 N MICHIGAN ST SOUTH BEND 46601	ORS	258	YOUNG,JOHN,E, 5626 EAST 16TH STREET SUITE 15 INDIANAPOLIS 46218	ORS	134
YINGLING,ROBT,JAMES, 7601 SILVERPINE COURT INDIANAPOLIS 46250	R	134	YOUNG,JOHN,MC CONNELL, 4535 MARCY LANE NO 261 INDIANAPOLIS 46205	U	134
YLAGAN,LUIS,B, M R 35 BOX 48 VALPARAISO 46383	AN	230	YOUNG,JOHN,T, 3151 N ILLINOIS ST INDIANAPOLIS 46208	PD	134
YOCUM,PAUL,S, 504 BROADWAY GARY 46402	OPH	174	YOUNG,JOS,WM, 365 E MAIN ST GREENWOOD 46142	GP	158
YOCUM,PAUL,STONE, 4826 ALHAMBRA CIRCLE CORAL GABLES FL 33146	GS	278	YOUNG,RALPH,HUBERT, 113 E MADISON ST GOSHEN 46526	OM	070

YOUNG,ROBT,LAWRENCE, 1646 45TH AVE MUNSTER 46321	OPH	174	ZENT,DON,PAUL, KOKOMO FAMILY CARE INC 800 BERKLEY RD KOKOMO 46901	FP	126
YOUNG,STEVEN,ROBT, 1807 BOX ELDER CT INDIANAPOLIS 46260	AN	134	ZERFAS,CHAS,PERRY-ALLEN, 9107 BRYANT LANE APT 1A INDIANAPOLIS 46250	GP	134
YOUNG,WARREN,WILLIAM, 214 SE SIXTH ST EVANSVILLE 47713	OM	296	ZERFAS,PHYLLIS,K CATT, 9107 BRYANT LANE APT 1A INDIANAPOLIS 46250	OS	134
YOUNGMAN,JAMES,DOUGLAS, MENTAL HEALTH CENTER BLOOMINGTON 47401	P	214	ZIENCE,JOHN,ALAN, 1202 WOODBRIDGE LANE INDIANAPOLIS 46260	AN	134
YOUNGS,PAUL,EARL, 104 PROFESSIONAL ARTS BLDG NEW ALBANY 47150		078	ZIMMER,HENRY,JOHN, 3055 POPLAR ST TERRE HAUTE 47803	OM	298
YUHN,ROBERT,B, 2020 GREENLEAF BLVD ELKHART 46514	P	070	ZIMMER,JOHN,FREDRICK, 1221 E 86TH ST INDIANAPOLIS 46240	PD	134
YUNE,HEUN,YUNG, 1100 W MICHIGAN ST INDIANAPOLIS 46202	DR	134	ZIMMERMAN,WM,HAROLD, 14471 CR-48 SYRACUSE 46567	GP	070
ZAHRT,FRANK,H, 506 K STREET LA PORTE 46350	GP	178	ZINK,ROBT,OTTO, 722 W MAIN ST MADISON 47250	GP	150
ZALAC,DONALD,ALBERT, 1404 SPRINGLANN AVE MICHIGAN CITY 46360	R	178	ZISS,ROBT,C, 216 S E RIVERSIDE DR EVANSVILLE 47713	IM	296
ZALLEN,STANLEY,GEO, 6933 KENNEDY HAMMOND 46323	GP	174	ZIVICH,JOHN,M, 3701 MAIN ST EAST CHICAGO 46312	GP	174
ZARING,BYRON,KINDRED, THE FOUR SEASONS TAYLOR ROAD COLUMBUS 47201	GS	014	ZORE,JOS,JOHN, 1434 CHESTER BLVD RICHMOND 47374	PD	314
ZECKEL,MICHAEL,LEE, 3524 N MERIDIAN STREET INDIANAPOLIS 46208	IM	134	ZUCKER,EDWARD, 7863 BROADWAY MERRILLVILLE 46410	PS	174
ZEGARRA,R,F, 150 W WASHINGTON SHELBYVILLE 46176	EM	266	ZURCHER,BRIAN,DALE, 3217 LAKE AVE FORT WAYNE 46805	FP	082
ZEIER,FRANCIS,G, 3708 MULBERRY ST EVANSVILLE 47715	HS	296	ZWEIG,ELMER,S, 2015 PEMBERTON DR FORT WAYNE 46805	GP	082
ZEIGER,IRVIN,LEWIS, P O BOX 2574 SOUTH BEND 46624	GP	258	ZWICK,HAROLD,FREDERICK, 227 S 2D ST DECATUR 46733	GP	010
ZEITLER,PHILIP,S, 1332 W INDIANA AVE ELKHART 46514	ORS	070	ZWICKEL,RALPH,EDWARD, 400 DARBY DR NEWBURGH 47630	IM	296
ZELL,EVERTSON,HYLE, 320 N MERIDIAN ST INDIANAPOLIS 46204	GS	134			

# Specialty Codes

The following specialties, including General Practice, are recognized by the American Medical Association:

<b>AM</b>	Aerospace Medicine	<b>FOP</b>	Pathology, Forensic
<b>A</b>	Allergy	<b>PD</b>	Pediatrics
<b>AN</b>	Anesthesiology	<b>PDA</b>	Pediatrics, Allergy
<b>BE</b>	Broncho-Esophagology	<b>PDC</b>	Pediatrics, Cardiology
<b>CD</b>	Cardiovascular Diseases		
<b>D</b>	Dermatology	<b>PA</b>	Pharmacology, Clinical
<b>DIA</b>	Diabetes	<b>PM</b>	Physical Medicine and Rehabilitation
<b>EM</b>	Emergency Medicine	<b>P</b>	Psychiatry
<b>END</b>	Endocrinology	<b>CHP</b>	Psychiatry, Child
<b>FP</b>	Family Practice	<b>PYA</b>	Psychoanalysis
<b>GE</b>	Gastroenterology	<b>PYM</b>	Psychosomatic Medicine
		<b>PH</b>	Public Health
<b>GP</b>	General Practice	<b>PUD</b>	Pulmonary Diseases
<b>GPM</b>	General Preventive Medicine	<b>R</b>	Radiology
<b>GER</b>	Geriatrics	<b>DR</b>	Radiology, Diagnostic
<b>GYN</b>	Gynecology	<b>PDR</b>	Radiology, Pediatric
<b>HEM</b>	Hematology		
<b>HYP</b>	Hypnosis	<b>TR</b>	Radiology, Therapeutic
<b>ID</b>	Infectious Diseases	<b>RHU</b>	Rheumatology
<b>IM</b>	Internal Medicine	<b>RHI</b>	Rhinology
<b>LAR</b>	Laryngology	<b>ABS</b>	Surgery, Abdominal
<b>LM</b>	Legal Medicine	<b>CDS</b>	Surgery, Cardiovascular
		<b>CRS</b>	Surgery, Colon and Rectal
<b>ND</b>	Neoplastic Diseases	<b>GS</b>	Surgery, General
<b>NEP</b>	Nephrology	<b>HS</b>	Surgery, Hand
<b>N</b>	Neurology	<b>HNS</b>	Surgery, Head and Neck
<b>CHN</b>	Neurology, Child	<b>NS</b>	Surgery, Neurological
<b>NA</b>	Neuropathology		
<b>NM</b>	Nuclear Medicine	<b>ORS</b>	Surgery, Orthopedic
<b>NTR</b>	Nutrition	<b>PDS</b>	Surgery, Pediatric
<b>OBS</b>	Obstetrics	<b>PS</b>	Surgery, Plastic
<b>OBG</b>	Obstetrics and Gynecology	<b>TS</b>	Surgery, Thoracic
<b>OM</b>	Occupational Medicine	<b>TRS</b>	Surgery, Traumatic
<b>ON</b>	Oncology	<b>U</b>	Surgery, Urological
<b>OPH</b>	Ophthalmology		
<b>OT</b>	Otology		
<b>OTO</b>	Otorhinolaryngology		
<b>PTH</b>	Pathology		
<b>CLP</b>	Pathology, Clinical		

In addition to the above specialties the following designation is also used:

**OS** Other, i.e., physician designated a specialty other than those appearing above.

## HONORARY MEMBERS

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 Arthur G. Loftin, Indianapolis  
 Larry L. Pickering, Fort Wayne  
 Paul S. Rhoads, M.D., Richmond  
 Robert J. Amick, Scottsburg  
 John B. Twyman, Merrillville  
 James A. Waggener, Indianapolis

# Roster Of Members By Counties

Physicians are listed in the county medical society in which they hold membership. See alphabetical list for member's address and specialty.

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ANDERSON, GARLAND, D,  
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ARATA, JAMES, ANDREW,  
ARATA, JUSTIN, E,  
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BALL, MARGARET, J HITZEMAN,  
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BARCH, JOHN, W,  
BASH, STEPHEN, ESTAL,  
BASH, WALLACE, EUGENE,  
BAUMAN, RICHARD, LEE,  
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BECKER, LOWELL, ERVIN,  
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BELANGER, ROBT, ALLEN,  
BERGHOFF, JAMES, RAYMOND,  
BEUTLER, THEODORE, V,  
BIERMAN, GILBERT, HENRY,  
BILLINGSLEY, JOHN, SMITH,  
BIXLER, JAMES, AMOS,  
BLICHERT, PETER, A,  
BOLANDER, JAMES, EDWIN,  
BOLLHEIMER, DON, ALLEN,  
BOSSARD, JOHN, W,  
BOWER, RICHARD, ELRIE,  
BOWERS, GEO, W,  
BOWERS, JESSE, W,  
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CHAMBERS, DONALD, CALVERT,  
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CLARK, WM, RUSSELL,  
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CONNELLY, JERRY, HUBBARD,  
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CONNER, ROBT, ALLISON,  
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CULP, JOHN, EWART,  
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ECKERT, RUTH, LOUISE,  
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FLAHERTY, ROBT, ANTHONY,  
FOX, RICHARD, FREDERICK,  
FOY, THOS, DANL,  
FRANKHOUSER, CHAS, M A,  
FULLAM, RICHARD, G,  
FURTADO, ROBT,  
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GARTON, HARRY, WASSON,  
GASTINEAU, DAVID, C,  
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GLOCK, STEVEN, R,  
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GOULD, JOHN, C C,  
GRAHAM, GEO, M,  
GRAHAM, JAMES, CLARENCE,  
GREEN, ROBT, F,  
GREENLEE, ROBT, L,  
GRIEST, WALTER, DIXON,  
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HALLER, RICHARD, CARL,  
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HAMILTON, GEO, MILTON,  
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HARLESS, O, FRED,  
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HARSHMAN, LOUIS, POTTER,  
HARVEY, HARRY, C,  
HASEWINKLE, AUGUST, M,  
HASTINGS, WARREN, C,  
HATTENDORF, A, PAUL,  
HAVENS, RUSSELL, E,  
HAYHURST, THOS, ELDON,  
HERENDEEN, THOS, LEE,  
HERSHBERGER, PHILIP, G,  
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HICKS, THOS, JOS,  
HILL, JAMES, STEPHEN,  
HILLERY, ROBT, LEE,  
HOETZER, ELDORE, MARTIN,  
HOFFMAN, ARTHUR, F,  
HOOG, JOHN, MICHAEL,  
HOOVER, JOSEPH, ROYAL,  
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IRMSCHER, GEO, W,  
IRMSCHER, JANE, MC MULLEN,  
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JACKSON, JOHN, F,  
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JANSCH, THEODORE, LEO,  
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JONTZ, RICHARD, LEE,  
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KAMMEYER, WM, ALLEN,  
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KECK, CARLETON, ALLEN,  
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 KIMBROUGH, ROBERT, F,  
 KLEIFGEN, WM, A,  
 KLEOPFER, RONALD, G,  
 KLOOZE, KENNETH, WARD,  
 KNIGHT, LEWIS, W,  
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 LA SALLE, WILLIAM, B,  
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 LEE, JOHN, W,  
 LENK, GEO, GUSTAVE,  
 LENTZ, WM, CHAS,  
 LLOYD, ROBT, PAUL,  
 LOGAN, RICHARD, S,  
 LOHMAN, ROBT, M,  
 LOVE, VINCENT, LOGAN,  
 LUCAS, JOHN, THOMAS,  
 LUCKEY, JAMES, EDWARD,  
 LUDWIG, JEROME, J,  
 LYON, WM, COCHRAN,  
 LYSTER, RICHARD, F,  
 MACKEL, FREDERICK, O,  
 MACKEL, JERRY, L,  
 MALDIA, GODOFREDO, MAYUGA,  
 MANN, RICHARD, EUGENE,  
 MANNING, GEO, C,  
 MARTIN, JOHN, PHILLIP,  
 MASTRANGELO, MICHAEL, J,  
 MC ARDLE, MICHAEL, L,  
 MC CALLISTER, JOHN, WM,  
 MC CASLIN, DAN, LESTER,  
 MC COY, ROY, RALSTON,  
 MC DOWELL, GEO, ARNOLD,  
 MC DOWELL, RICHARD, LEE,  
 MC EACHERN, CECIL, G,  
 MENSCH, JAMES, R,  
 MERCER, SAML, R,  
 MEYER, HERMAN, ARTHUR,  
 MEYER, THEODORE, OBED,  
 MILLER, DON, EUGENE,  
 MILLER, EDWARD, DWAYNE,  
 MILLER, J, THOS,  
 MILLER, KENNETH, DEVON,  
 MILLER, ORVAL, JEROME,  
 MILLER, RICHARD, HENRY,  
 MILLER, ROBT, BENJ,  
 MILLER, WAYNE, STARR,  
 MILLER, WM, JACOB,  
 MINICK, LINUS, J,  
 MOATS, CARL, FRANKLIN,  
 MOELLER, VICTOR, C,  
 MOHRMAN, MICHAEL, S,  
 MONTGOMERY, CHARLES, E,  
 MOREY, EDWIN, E,  
 MORGAN, MILTON, MELVIN,  
 MORTENSON, LELAND, JAMES,  
 MUELLER, LAWRENCE, W,  
 MUHLER, JOSEPH, CHARLES,  
 MUNOZ, JOSE, CUI,  
 MUSGRAVE, JOHN, MICHAEL,  
 MUSSELMAN, ROBT, H,  
 NELSON, JAMES, BERT,

NILL, JOHN, HENRY,  
 NOLAN, GERALD, ROBT,  
 O'BRIAN, JOHN, FRANCIS,  
 O'ROURKE, CARROLL,  
 OTTINGER, C, JOE,  
 PAFLAS, DANL, LA MAR,  
 PAINTER, DONALD, SCOTT,  
 PAN, CHAS, CHIEH-MING,  
 PANCNER, RONALD, JERRY,  
 PARROT, DONALD, JEROME,  
 PASALICH, JOHN, NOVAK,  
 PATTERSON, JACK, WALTER,  
 PEARSON, HUEY, LAWRENCE,  
 PEPPLER, WALTER, DAVID,  
 PERRIN, KERMIT, FLOYD,  
 PICKETT, MERLE, ELMER,  
 POPP, MILTON, FREDERICK,  
 POWELL, MELVIN, JACK,  
 PRIDDY, MARVIN, EUGENE,  
 RAMAPRAKASH, H, N,  
 RANK, WM, BENJ,  
 REED, JOHN, DAVID,  
 RESZEL, PAUL, A,  
 RHEE, SANG, KEE,  
 RICHARDS, ALAN, DANL,  
 RICHARDSON, JOS, HILL,  
 RISSING, WALTER, JOS,  
 ROCKEY, NOAH, ADAM,  
 ROMAIN, LOUIS, FRANK,  
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 ROTHMAN, PETER, MITCHELL,  
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 SAFIRSTEIN-ROSZERMAN, M,  
 SAHLMANN, HANS,  
 SALON, HARRY, W,  
 SALON, JOEL, WARREN,  
 SAWYER, DOUGLAS, EARL,  
 SCHAAB, ERIC,  
 SCHEERINGA, RONALD, HENRY,  
 SCHLADEMAN, KARL, R,  
 SCHLEINKOFER, ROBT, MELVIN,  
 SCHLOSS, ROBT, PHILIP,  
 SCHLUETER, DAVID, PAUL,  
 SCHMIDT, EUGENE, EDWARD,  
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 SCHNEIDER, LAWRENCE, F,  
 SCHNEIDER, LOUIS, A,  
 SCHOENHALS, CHAS, ERB,  
 SCHROEDER, STEPHEN, BLAIN,  
 SCHUBERT, JEROME, C,  
 SCHUBERT, PHILIP, CHANDLER,  
 SCHWARTZBERG, STUART, G,  
 SCOTT, H, VAUGHN,  
 SCUDDER, JAMES, PETERSON,  
 SENSENY, EUGENE, F,  
 SHEELER, GARY, LEE,  
 SHERWOOD, CLARENCE, E,  
 SHERWOOD, J, VINCENT,  
 SHINABERY, LAWRENCE,  
 SHRINER, PHILIP, OWEN,  
 SHUGART, ROBERT, R,  
 SIDEL, ALAN, WAYNE,  
 SIDELL, JAMES, PAUL,  
 SILVERO, HUBERT, L,  
 SIRLIN, EDWARD, MARTIN,  
 SMITH, CLIFFORD, CURTIS,  
 SMITH, JOHN, PAUL,  
 SMITH, PHILIP, LE ROY,  
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 SNYDERMAN, SANFORD, CHAS,

SORG, DAVID, ARTHUR,  
 SOUDER, MARK, S,  
 SPENCER, C, HERBERT,  
 STAFFORD, TOM, MICHAEL,  
 STANLEY, ROBT, GOULD,  
 STAUFFER, RICHARD, C,  
 STEIGMEYER, DAVID, J,  
 STIER, PAUL, LOUIS,  
 STOVALL, ALFRED,  
 STUCKY, JERRY, LUCAS,  
 STUMPF, EDWIN, E,  
 SUGARMAN, DONALD, RAYMOND,  
 SULLIVAN, ROBT, E,  
 SWEARINGEN, ALFRED, G,  
 TAN, MANUEL, L,  
 TATE, THOS, DALE,  
 TAYLOR, ROBT, GEO,  
 TENNANT, DAVID, LEWIS,  
 TERRILL, RICHARD, W,  
 THOMAS, JOHN, ROBT,  
 THOMPSON, SAML, RICHARD,  
 THONG, SIONG-HOAT,  
 TIELKER, RICHARD, ELMER,  
 TOMUSK, AUGUST,  
 TOWLES, JEFF, HERMAN,  
 TRIER, HERBERT, PAUL,  
 TRITCH, DAN, LEE,  
 TUNNELL, HARRY, DANL,  
 TYNDALL, JOHN, PHILLIP,  
 UNGEMACH, WILLO, FREDERICK,  
 VILLANUEVA, ONOFRE, O,  
 VOGEL, LLOYD, ALBERT,  
 VOORHEES, ROBT, JOHN,  
 WADE, REYNOLDS, WAYNE,  
 WALKER, FLOYD, BROWN,  
 WALLACE, COLLINS, ROBT,  
 WARD, GERALD, FREMONT,  
 WARFIELD, CHESTER, H,  
 WARR, ARTHUR, CLIVE,  
 WATERFALL, KIM, W,  
 WATSON, JAMES, RITZ,  
 WICK, ALFRED, ALBERT,  
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 WILLIAMS, A, BERNIECE M,  
 WILLIS, ROBT, L,  
 WILSON, ROLAND, BYARD,  
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 ZWEIG, ELMER, S,

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ABLE, WALTER,  
 ADKINS, STANLEY, RAY,  
 ADLER, DAVID, LEO,  
 AMORINI, MICHAEL, F,  
 ANDREWS, FREDERICK, BATMAN,  
 BEGGS, LOWELL, FREDERICK,  
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 BERKSHIRE, SHAFFER, B,  
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 BRUEGGEMANN, WALTER, GEO,  
 RUSH, ROBT, WILLITS,  
 CLAY, ELEANOR,  
 COOPER, WM, EARL,  
 DAUGHERTY, FOREST, DALE,  
 DAVIS, MARVIN, ROBBINS,  
 DUGAN, THOS, PATRICK,  
 ECHSNER, HERMAN, J,  
 FISHER, WALTER, SCOTT,  
 FORTNER, RAY, EDWARD,  
 FRANZ, SHERMAN, GAYLE,

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GAMMELL, LINDLEY, LLOYD,  
GREENWOOD, CHAS, WALTER,  
HART, ROBT, BRUCE,  
HATCHER, CHAS, MONTE,  
HAUSER SPERGER, ALFRED, D,  
HAWES, MARVIN, E,  
HELVIE, JANICE, L,  
HENRY, ALVIN, L,  
HERRBERG, JEROME, EDWARD,  
HOLDEN, ROBT, WATSON,  
HOLDREAD, JON, WAYNE,  
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JAMES, CARROLL, FLOYD,  
JEFFREY, ROBERT, CHARLES,  
KIM, CHONG-BIN,  
KRUEGER, ROBT, B,  
LIBBERT, EDWIN, L,  
LIPSON, JOHN, DAVID,  
MACY, GEO, WEBSTER,  
MARR, GRIFFITH,  
MARSHALL, THOMAS, WENDELL,  
MC CULLOUGH, HENRY, G,  
MC ILROY, RICHARD,  
MOHLER, FLOYD, W,  
MOORE, DONALD, CHARLES,  
NELSON, BRYAN, EDWARD,  
O'BRIEN, DAVID, MICHAEL,  
O'BRYAN, RICHARD, BRUCE,  
PERRY, GUY, FELAND,  
PROBST, EDWARD, LOUIS,  
RANCK, BENJ, ALBERT,  
RAU, CHAS, ALBERT,  
REED, ROBT, G,  
RICHMOND, HAROLD, WAYNE,  
RODWAY, JOHN, SPENCER,  
RYAN, C, DAVID,  
RYAN, WM, JOHN,  
SANDLIN, DONALD, LEE,  
SCHERER, JACK, ROGER,  
SCHMITT, RICHARD, K,  
SCHNEIDER, KENNETH, DALE,  
SEBAHAR, DUANE, ALLEN,  
SEIBEL, ROBT, MARVIN,  
SHEEHY, JOSEPH, C,  
SIGMUND, WM, BELMER,  
STONE, DENNIS, E,  
STRIBLING, JAMES, LESLIE,  
TARRY, KIRBY, BRUCE,  
TEAL, DOROTHY, DENZLE,  
WALKER, G, DALY,  
WEDDLE, CHAS, O,  
WEINLAND, GEO, CHITTY,  
WEISENBERGER, BROCKTON, L,  
WICKSTROM, OTTO, W,  
WILLHITE, LARRY, GALE,  
WISSMAN, WM, LEE,  
YAHNKE, DAVID, GROSS,  
ZARING, BYRON, KINDRED,

ENTON

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CODDENS, AVERY, L,  
LEAK, ROBT, H,  
SCHEURICH, MANLEY, KING,

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BAILEY, LAWRENCE, S,

BASSETT, MARGARET, ANN,  
BOYER, DON, W,  
COONS, RITCHIE,  
HARVEY, RALPH, JOHNS,  
HARVEY, VERNE, K,  
HODGES, CHAS, DAVID,  
HONAN, PAUL, REVERE,  
KERN, CLARENCE, GERALD,  
LENOX, JACK, LEONARD,  
LOVETT, HARVEY, D,  
MC AFEE, JAMES, RAYMOND,  
MUKHTAR, FUAD, A,  
PORTER, JOHN, R,  
SAALWAECHTER, JOHN, JACOB,  
SCHAAF, ALVIN, DAVID,

CARROLL

BAKER, ELDON, ELLSWORTH,  
ELLER, ALVAN, LA VERNE,  
MC LAUGHLIN, JAMES, R,  
PETRY, THOS, NEAL,  
SEESE, ROBT, M,  
WAGONER, DON, JARED,  
WAGONER, GEO, WESLEY,  
WAGONER, MARILYN, L ASHER,  
WISE, CHAS, LOWELL,

CASS

BAILEY, EARL, W,  
BEAN, JOS, STRATTON,  
BOYD, CARL, RITTER,  
BREWER, ROBT, ALLEN,  
CALISTO, RUBEN, A,  
CHENG, SYLVIA, SIU-FAN,  
CHU, JOHNSON, C S,  
ECKERT, RUSSELL, ALOIS,  
FREDERICK, JOS, A,  
GLENDENING, RICHARD, L,  
HALL, BERNARD, RICHARD,  
HARGROVE, TERRY, KENT,  
HILLIS, FREDERICK, ALLEN,  
HILLIS, LOWELL, JOS,  
HORNING, RICHARD, R,  
HOWARD, JOS, DANL,  
JONES, JOHN, CARL,  
KARNAFEL, EUGENE, THADDEUS,  
KING, JAY, M,  
LUXENBERG, EDWIN, RALPH,  
MAMARIL, BLAS, FLORES,  
MILLER, GARY, LEE,  
MORRICAL, DAVID, L,  
MORRICAL, RUSSELL, J,  
NEWCOMB, WM, KENDALL,  
PARKER, E, CAMILLE KILLIAN,  
PARKER, FRANCIS, WM,  
PEDDICORD, CLIFFORD, R,  
PFUETZE, MAX, ENSIGN,  
TEABOLDT, GEO, ANDREW,  
VIZCARRA, RUBEN, FABIAN,  
WILLIAMS, EARL, KENNETH,  
WILSON, PAUL, HOBART,

CLARK

ARCHANGEL, CESAR, S,  
BAUTISTA, WARLITO, AVILES,  
BIZER, MIER, A,  
BORDADOR, TEODORO E, F,  
BRILL, JOS, B,

BUEHLER, GEO, MICHAEL,  
CANNON, DAVID, R,  
CARLBERG, DALE, LEVAN,  
CARR, JOE, HENDERSON,  
CLARK, WM, B,  
COSIO, JULIO, ELIO,  
DRAUS, JOHN, MARTIN,  
DUQUE, FAUSTO,  
ELY, CECIL, W,  
FLORMAN, LARRY, D,  
FORSEE, NORMAN, EDWARD,  
FULTZ, ROY, LEE,  
GOLDEN, WM, YOUNG,  
GOLDSTEIN, RICHARD, M,  
GOODMAN, ELI,  
GREENE, WM, RAY,  
GUTMANN, GORDON, LIEBREICH,  
HADDAD, ROLANDO, IGNACIO,  
HARGETT, HERBERT, P,  
HAVENS, A, LYLE,  
HAVENS, THOS, R,  
HEIDEMAN, HARRY, DAVID,  
HINES, KENNETH, EARLE,  
HUONI, JOHN, SIMEON,  
HUSSAIN, MOHAMMED,  
IGNACIO, OLEGARIO, J,  
JIMENEZ, PEDRO, L,  
JOHN, MAURICE, EDWARD,  
JONES, DAVID, HALE,  
KEMPER, CHARLES, F,  
LEGA, ROBT, EUGENE,  
MASSER, FRANCES, JOAN,  
MAYHUE, HUGH, WAYNE,  
MC CLOUD, L, C,  
MC KECHNIE, ROBT, KELLAR,  
MEYER, CLAUDE, JAMES,  
MILLAN, JOSELITO, LECAROS,  
MONTROYA, RUBEN, E,  
MUDD, JOS, PAUL,  
NEATHAMER, THOS, ALFRED,  
OCA, CLEMENTE, FERNANDEZ,  
PATIENCE, IAN, M,  
RAMOS, LEONARDO, POSADAS,  
RANGASWAMI, R,  
REED, EDESEL, SHERWOOD,  
RIEHL, RICHARD, EMIL,  
ROBERTSON, ROBT, E,  
ROBY, ALMA, LEE,  
RUDWELL, GEO, HENDERSON,  
SHINA, HASSI,  
STURGIS, DONALD, GRIFFES,  
THOMPSON, W, TURTON,  
TODD, JOHN, RUCKER,  
TOMLIN, JERROLD, E,  
TORRES, JOSE, C,  
VOSKUHL, WM, LOUIS,  
WILLNER, ALAN,  
WOLVERTON, GEO, M,  
YEPURI, C, RAM,

CLAY

BUELL, FORREST, RAYMOND,  
CONRAD, EVERETT, LEROY,  
FARID, RAHIM,  
FRODERMAN, STANLEY, EARL,  
MAURER, ROBT, MARION,  
MOON, CHAS, E,  
OEHLER, NANCY, LEE MARTIN,  
OEHLER, ROBT, CURTIS,  
SARKAR, DIPAL,  
SHATTUCK, JOHN, CHAS,  
WOOD, OPAL, LESTER,

## CLINTON

APPLEGATE, A, EARL,  
BEARDSLEY, FRANK, A,  
BUSH, CHAS, EDGAR,  
DUPLER, LEE, FORREST W,  
DYKHUIZEN, THEODORE, A,  
ERDEL, MILTON, WM,  
HAMMERSLEY, GEO, K,  
HEDGCOCK, ROBT, ANDREW,  
PIPPENGER, WAYNE, GRISE,  
STOUT, HARRY, T,  
WORK, BRUCE, ALEXANDER,

## DAVIES-MARTIN

BARRETT, JAMES, WM,  
BECK, JAMES, PHILLIP,  
BLAZEY, ARTHUR, GAIUS,  
CHATTIN, ROBT, EARL,  
CHATTIN, VANCE, JOHN,  
DAVIS, THOS, WM,  
HEYMANN, ROBT, LAWRENCE,  
LETT, E, BRISCOE,  
LINDSAY, HAMLIN, BERRY,  
NORTON, HORACE,  
PIERCE, WM, J,  
RANG, ROBT, HALTER,  
ROSS, GLENN, ELRICK,  
SCHAFFER, WM, CHAS,  
SEARS, DON, ALVIN,  
SEAT, MARSHALL, H,

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BOWEN, GERALD, THOS,  
CONRAD, HENRY, WEBB,  
DE PALMA, BRUNO,  
DIZON, RUSTICO, HIPOLITO,  
FESSLER, GORDON, SOISTER,  
FRABLE, FRANK, L,  
GILL, HARBANS, SINGH,  
HOUSTON, FRED, DURMENT,  
LINDGREN, IVAN, THURE,  
MARTINEZ, GUILLERMO, G,  
MC NEELY, MATTHEW, J,  
MORRISON, GEO, GORDON,  
MYERS, RONALD, LEE,  
PFEIFER, JAMES, MORRIS,  
RAHMAN, SHEIKH, ABDUL,  
RHODES, ALFRED, KEITH,  
SCUDDER, GARY, EVANS,

## DECATUR

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DAFTARY, MOSTAFA,  
DICKSON, DALE, DONALD,  
DOMINGO, RICARDO, C,  
DUCANES, ARNOLD, DELLOTA,  
GEBELE, GENE, P,  
MILLER, JAMES, CATRON,  
MORRISON, JAMES, TREVOR,

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COVELL, HARRY, MENLO,

EDWARDS, JOHN, ROBT,  
GRABER, BENJ, ROBT,  
HARVEY, JOHN, CHRISTIE,  
HATHAWAY, CLAYTON, B,  
HATHAWAY, WM, HENRY,  
HINES, JOHN, HENRY,  
HIPPENSTEEL, HARLAND, V,  
HUGHES, WM, BRADLEY,  
JINNINGS, LOREN, EARL,  
KANTZER, FLOYD, BERNHARD,  
NOVY, CHAS, AUGUST,  
ROGERS, EVERED, EARL,  
SHULTZ, CLIFFORD, JAMES,  
SOUDER, BONNELL, MARIE,  
WILLS, MAX, B,

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ADAMS, WM, B,  
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ALVEY, CHAS, ROBT,  
ASHBURN, CLARENCE, MILLER,  
BALL, CLAY, ADRA,  
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BALTZER, DONALD, JAN,  
BENKEN, LAWRENCE, D,  
BERGWALL, WARREN, L,  
BERKER, BEDII, S,  
BERNER, HERBERT, WM,  
BOBERG, ARTHUR, RICHARD,  
BORDER, JOHN, FRANKLIN,  
BOTKIN, CHAS, THOS,  
BOTKIN, CLYDE, GARRETT,  
BRANAM, GEO, EVERETT,  
BROWN, LELAND, G,  
BROWN, STEWART, DALE,  
BROWN, THOS, MARTIN,  
BURNS, ANTHONY, JOHN,  
BURNS, PAUL, EARLAND,  
BURWELL, STANLEY, WOODRUFF,  
BYRN, JAMES, RICHARD,  
CARTER, ARNOLD, LAWRENCE,  
CAUDILL, RODNEY, C,  
CLARK, ROBT, M,  
CLOUSE, JOHN, FRANKLIN,  
COLE, LARRY, GENE,  
COOLEY, PAUL, PHILLIP,  
COOPER, JOHN, FREDRICK,  
COULON, THOS, FRANCIS,  
COULTER, MERLIN, KENNETH,  
COVALT, WENDELL, EARL,  
CULLISON, JOHN, L,  
CURE, ELMER, T,  
DERSCH, DAVID, MATHEWS,  
DIETZ, DAVID, JACKSON,  
DOWELL, ANTHONY, REED,  
EGGER, ROSS, L,  
EGLIN, DOUGLAS, E,  
FIEDERLEIN, FREDERICK, J,  
GALLIHER, MARJORIE, JANE,  
GARDINER, THOMAS, K,  
GECKLER, CHAS, ELMER,  
GIBSON, ROBT, KEITH,  
GOODELL, CHAS, LEEPER,  
GRAY, STUART, ALLEN,  
GRAY, WAYNE, LEE,  
GUSTAFSON, MILTON, HENRY F,  
HABANSKY, ALAN, J,  
HAYES, THEODORE, R,  
HENDERSON, RAMON, ADAIR,  
HIGH, RALPH, LESLIE,

HINCHMAN, JEAN, FRANCIS,  
HOFER, DARRELL, R,  
HOLLINGSWORTH, THOS, H,  
HOLMES, JOHN, LOUIS,  
HUNSBERGER, DONALD, WAYNE,  
HURLEY, JOHN, RAWLINS,  
IMHOF, JOS, D,  
INGRAM, RICHARD, GENE,  
JAY, ARTHUR, CARL,  
KALKER, MORTON,  
KAMMER, GRACE, E CLEM,  
KIRSHMAN, FORREST, EARL,  
KO, RICHARD, CHOON BONG,  
KOCH, EDWIN, FERDINAND,  
KOSS, KENNETH, WM,  
KRESS, JAMES, WALTER,  
LAWSON, LAWRENCE, JOS,  
LAWTON, DENIS, FREDERICK,  
LEIPHART, CHAS, JOS,  
MC CALLISTER, LARRY, LEE,  
MC CLINTOCK, JAMES, A,  
MC CONNELL, THOS, LEE,  
MC DOWELL, FLETCHER, W,  
MONTGOMERY, LALL, G,  
MONTGOMERY, RALPH, F,  
MOORE, JACK, CONRAD,  
MORTON, WM, MORGAN,  
NELSON, HAROLD, E,  
NEWNAM, PHILIP, EDWARD,  
OSBORNE, JOHN, V,  
OWSLEY, GUY, ARGYLE,  
PAFF, JAMES, RICHARD,  
PANSZI, JOSE, G,  
PARKS, GEO, OAKS,  
PEACOCK, ROBT, COWDEN,  
PELL, DONALD, MC LAURY,  
PENTECOST, PAUL, SHEETS,  
PETERSON, JOHN, CHAS,  
PIPPENGER, JOS, IRWIN,  
POLCZ, GYORGY, GYULA,  
POWERS, PAUL, CHAS,  
PUTERBAUGH, KARL, E,  
QUICK, WM, JOS,  
REEDY, RICHARD, LEE,  
RITTMAYER, JOHN, LOUIS,  
ROCH, L, MARSHALL,  
RUDICEL, MAX, HURD,  
SCHULHOF, MAURICE, G,  
SEARIGHT, HOWARD, R,  
SIMMLER, DONALD, W,  
SNYDER, RICHARD, JEROME,  
SONGER, JOS, MICHAEL,  
SPECK, CARLSON, RAYMOND,  
STANLEY, JOHN, ROBT,  
STEPHENS, SUSAN, ANN R,  
STIBBINS, WARREN, EDWARD,  
SULIT, SEVERINO, TORRES,  
TAYLOR, DONALD, ROSS,  
THARP, DONALD, W,  
THARP, JOHN, D,  
TOMLIN, HUGH, MALCOLM,  
TRIPLETT, DOUGLAS, A,  
TUASON, RICARDO, MAURICIO,  
VLASKAMP, ELAINE, MARIE,  
VOSS, GERT,  
WALKER, JACK, M,  
WARE, HERBERT, EARL,  
WEBB, JOAN, LIEBENHEIM,  
WEIR, ROSEMARY, E KOELLING,  
WEISNER, RICHARD, MEREDITH,  
WELDY, BRYCE, P,

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WINCE, LELAND, LAMAR,  
WORKMAN, BARBARA, E,  
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YOUNG, GERALD, STRAUSS,

DUBOIS

AMINI, SOHRAB,  
BACKER, HENRY, GEO,  
BEAVEN, JOHN, B,  
BOMALASKI, MARTIN, DONALD,  
BORGES, VICTOR, V J,  
BROWN, THOS, CISEL,  
CRAIG, HARRY, LEROY,  
DAWKINS, PHILLIP, ROSS,  
DREW, DANL, CONNOR,  
GARTNER, JOSE, C,  
GOOTEE, FRANCIS, HUGH,  
GOOTEE, THOS, H,  
HAKAMI, MOHAMED, TAGHI,  
HELD, GEO, ARTHUR,  
KEMKER, BERNARD, PERKINS,  
KLAMER, CHAS, H,  
LEON, MARIO,  
LUKEMEYER, ST, JOHN,  
MAGBAG, WENCESLAO, G,  
PLOTNER, EDWARD, JOS,  
RAI, SWAROOP,  
RENDEL, JEFFRY, CHAS,  
SALB, JOHN, PAUL,  
SCALES, ALLEN, DEARING,  
WAGNER, ARTHUR, L,  
WILLIAMS, FIELDING, P,

ELKHART

ARLOOK, THEODORE, DAVID,  
ASHTON, ROMNEY, WM,  
ATWOOD, WM, HENRY,  
BARNES, JAMES, V,  
BENSON, JAMES, EDMUND,  
BIGLER, FREDERICK, W,  
BILLINGS, ELMER, RAY,  
BLOOM, GEO, ROBT,  
BOLING, RICHARD, CLAYTON,  
BOSLER, HOWARD, AARON,  
BOWDOIN, GEO, EDWARD,  
BOWERSOX, LE, ROY WM,  
BOWSER, PHILIP, GORTNER,  
BUDDRUS, DAVID, J,  
CAIN, JEFFREY, L,  
CAMPBELL, PATRICK, B,  
CASSIM, RECHAD, M,  
CHANDLER, LEON, HARVEY,  
CLARK, JACK, PROW,  
CLASSEN, PETE, R C,  
COMPTON, WALTER, AMES,  
CONKLIN, RAYMOND, LE ROY,  
CORMICAN, HERBERT, LEROY,  
CRAIG, ROBT, ALEXANDER,  
DE FRIES, JOHN, J,  
DEW, DANL, CHING-YEE,  
DOVEY, EDWARD, G,  
DURHAM, THOMAS, E,  
ECHEVERRIA, R, E,  
ELLIOTT, THOS, A,  
ELLIS, ROBT, KEITH,  
FEAR, OLAN, DE WITT,

FINFROCK, JAMES, D,  
FOSBRINK, EPHRAIM, L,  
FRIESEN, GENE, WELDON,  
FUTTERKNECHT, JAMES, OTTO,  
GATTMAN, G, BEACH,  
GLUCKIN, JAMES, ELLIS,  
GRABER, ALVIN, RAY,  
GRABER, DONALD, D,  
GRABER, VIRGIL, R,  
GREENLEE, JAMES, ROBT,  
GUNDERSON, SHAUN, DENNIS,  
GUTTMAN, JOHN, BECK,  
HANNAH, JACK, WM,  
HARRIS, NEIL, REVERE,  
HARTMAN, CLAUDE, EDWARD,  
HEISER, ERVIN, WM,  
HIMMELSBACH, WM, ANTHONY,  
HORSWELL, RICHARD, GLENN,  
HURLEY, JAMES, W,  
IVY, JOHN, H,  
JONES, ROBT, B,  
KENDALL, FOREST, MACK,  
KESIM, MUFIT, HUSAM,  
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KNIGHT, ERNEST, LARRY,  
KOWALSKI, EDGAR, P,

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KRABILL, WILLARD, S,  
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LAMB, FRED, KELLEY,  
LUNDT, MILO, OLIVER,  
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MARK, GEO, ARTHUR,  
MASSANARI, WALTER, S,  
MC ART, BRUCE, A,  
MEYERS, WM, LOUIS,  
MIDDLETON, RAMONA, J,  
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MILLER, HUGH, A,  
MILLER, JAMES, RALPH,  
MILLER, SAML, T,  
MINTER, DONALD, LEE,  
MISHKIN, IRVING,  
MISHKIN, MARVIN, ELI,  
O'DONOVAN, CORNELIUS, J,  
PAFF, WM, ALFRED,  
PAINE, GEO, ELSNER,  
PANCOST, VERNON, K,  
PAPADOPOULOS, A, P,  
PARSHALL, DALE, BRYAN,  
PETERSON, JAMES, ARTHUR,  
PLETCHER, WM, DE WITT,  
PRICE, ROBT, WHITCRAFT,  
QUILTY, THOS, JAMES,  
REED, JAMES, CHILTON,  
REEDY, STANLEY, GENE,  
RHEINHEIMER, FLOYD, L,  
ROOSE, LISLE, WADE,  
ROUEN, ROBT, LESTER,  
RUPE, LLOYD, O,  
SCHEER, ALEXANDER, L,  
SMUCKER, ERNEST, EDWARD,  
SMUCKER, JON, E,  
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SPRAY, PAGE, EDWARD,  
SWANK, LUCRETIA, RICHISON,  
SWIHART, DANNY, DALE,  
THOMAS, MICHAEL, HOLMES,  
TROYER, DANA, O,  
TROYER, GEO, WELDON,

TURNER, JOHN, PATRICK,  
UNZICKER, ROGER, GENE,  
WEYBRIGHT, WM, LEE,  
WILSON, ORLEY, EDWARD,  
YODER, C, RICHARD,  
YODER, CARL, JESSE,  
YODER, JONATHAN, GLEN,  
YOUNG, RALPH, HUBERT,  
YUHN, ROBERT, B,  
ZEITLER, PHILIP, S,  
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GUINIGUNDO, NOLI, C,  
HIRSCH, THEODORE,  
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LOCKHART, JACK, MACK,  
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MENDOZA, FELICISIMO, SUNGA,  
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ULGADC, EDMUNDO, SILVANO,

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ALLEN, GEO, S,  
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BAXTER, SAML, MAURICE,  
BICKERS, EVERETT, EARL,  
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HARLOWE, STUART, E,  
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FISHER, PIERRE, JAMES,  
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GANZ, MAX,  
GARGETT, JAMES, MICHAEL,  
GARRISON, LEON, JOHN,  
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JARRETT, JOHN, CROW,  
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JOSHI, PRAKASH, NARAYAN,  
KENNEDY, JOHN, WAYNE,  
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KHALOUF, SHIRLEY, THOMPSON,  
KOONTZ, WM, ALFRED,  
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LONG, MAX, RICHARD,  
MAGNO, JOSE, NOCUM,  
MALOTT, FREDRICK, R,  
MANALO, FRANCISCO, SARENAS,  
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PAHEL, RAMESHCHANDRA, I,  
PATTISON, JOHN, DAVID,  
PEARCY, MARCENE,  
POWELL, JAMES, PAXTON,  
RAJU, GOPAL, S,  
RECOMETA, OSCAR, DURAN,  
REID, JAMES, DONALD,  
RHAMY, ARTHUR, P,  
RHAMY, DONALD, EUGENE,  
RHORER, JOHN, GILBERT,  
RIFNER, EUGENE, SYMONS,  
SHAH, AJIT,  
SHOEMAKER, RICHARD, L,  
SHROCK, ETHAN, ELLSWORTH,  
SHUCK, WILLIAM, ARTHUR,  
SIMMONS, FREDERICK, H,  
SMITH, BARTON, TAYLOR,  
SMITH, EVRETT, FRANK E,  
SMYRNIOTIS, FOTIOS, E,  
SNOWHITE, ARTHUR, B,  
SOE, MINN,  
TAYLOR, EVERETT, CHAS,  
THOMPSON, BURTIS, J,  
TIRUCHELVAM, ROHAN, L M,  
URGENA, REGINO, B,  
VESEY, WM, JOS,  
VINLUAN, TEOFILO, S,  
WALTON, RICHMOND, L,  
WILSON, NED, ARLAN,  
WOJCIK, LADISLAS, D,  
YALE, CHAS, A,

#### GREENE

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BROSHEARS, KENNETH, P,  
GRAF, JEROME, ALEXANDER,

HO, GLORIA, R,  
HO, TERRY, J,  
JOCSON, CATALINO, T,  
LARDIZABAL, JOSE, MARQUEZ,  
MOSES, ROBT, EARL,  
MOUNT, MATHIAS, SAML,  
PORTER, CARL, MORGAN,  
POWERS, WM, RAY,  
RANEY, BEN, BUTLER,  
ROTMAN, HARRY, GENE,  
ROTMAN, SAM, ISSAC,  
TRAN, LAU,  
WONER, JOHN, WM,

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AMBROSE, JESSE, CLEMENTS,  
BILODEAU, RICHARD, GERARD,  
BLACKBURN, HOWARD, R,  
CARTER, EUNICE, M MAIER,  
CLUTTER, ROBT, EDWARD,  
DWYER, DAVID, JAMES,  
KENNEDY, MICHAEL, WM,  
LANNING, ROSCOE, A,  
LLOYD, JOE, REID,  
MABEL, THOS, ARTHUR,  
MANHART, DOYLE, BASLER,  
MYERS, JERRY, RICHARD,  
NEWBY, H, EUGENE,  
REED, JAY, ALLEN,  
SAPERSTEIN, MORRIS,  
SHANKS, RAY, W,  
THOMAS, W, CLAYTON,  
VAN SCOYC, JON, DARA,  
WATT, PAUL, MARION,  
WARREN, JOHN, ROBT,

#### HANCOCK

ANDERSON, JAMES, TWYFORD,  
ARIVE, FLORO, FERNANDO,  
BEESON, WILBUR, P,  
CAGLE, BOB, R,  
ENDICOTT, WAYNE, H,  
FARRELL, JOHN, JOS,  
GARRISON, JAMES, L,  
HAAS, RAY, ALLAN,  
HENN, RAY, ANTHONY,  
HENSLEY, HARRY, THOS,  
HUNTER, DONN, R,  
KIRBY, TED, C,  
KUHN, ROBT, WOODROW,  
MATLOCK, CARL, KENT,  
MILLER, JOS, A,  
MOENNING, JOHN, EDWARD,  
PAREJA, FRANCISCO, S,  
REA, RALPH, LEWIS,  
REED, DONALD, WAITE,  
RHYNEARSON, HAL, ROBT,  
RHYNEARSON, WM, ROBT,  
SHARP, GARY, CHAS,  
SINGCO, BIENVENIDO, O,  
SMITH, JOHN, HAROLD,

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BLESSINGER, LOUIS, HENRY,  
BROCKMAN, WILFRED, J,  
DILLMAN, CARL, EDWARD,  
DUKES, DAVID, J,  
ISLAM, RASHIDUL,

JORDAN,RICHARD,ALLEN,  
MAY,RICHARD,MILTON,  
ROBERTS,THOMAS,K,

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BLACK,M,JAMES,  
CALHOON,JOHN,PAUL,  
CLARK,ERIC,DANL,  
COHEN,IRVING,  
DUNCAN,WM,ARBAUGH,  
EDWARDS,WILLIAM,A,  
ELLIS,LYMAN,HALL,  
GIBBS,JOS,WARREN,  
HADLEY,DAVID,M,  
HAGGARD,DAVID,BENSON,  
HEINLEIN,CARL,LORISTON,  
HIBBELN,THOS,J,  
IRWIN,RICHARD,STEPHEN,  
KERLIN,JOS,C,  
KIRTLEY,ROBT,WAYNE,  
KOCH,ELMER,L,  
LONG,MALCOLM,DARRELL,  
MC DOUGAL,ROBT,A,  
MITMAN,URSULA,E,  
OCHSNER,EDWARD,C,  
SCAMAHORN,JAMES,OSCAR,  
SCAMAHORN,MALCOLM,O,  
SCUDDER,ARTHUR,NELSON,  
STAFFORD,WM,CLAYTON,  
STEGEMOLLER,RONALD,  
TAYLOR,ROBT,LEONARD,  
TERRY,LLOYD,SHERMAN,  
WAGNER,WM,LESLIE,  
WALKER,THOS,MARTIN,

#### ENRY

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BOWERS, LYNN, A,  
BURNETT, ARTHUR, BAKER,  
CAIN, DAVID, ROBINSON,  
DYE, CLOYD, LEROY,  
EASTER, JAMES, NEIL,  
EGGERT, DAVID, E,  
FIELDS, RANDALL, W,  
FISHER, JOHN, EDWARD,  
FOSTER, RAY, T,  
GATMAITAN, ALEJANDRO, V,  
GRANT, PHYLLIS, ANN FENN,  
HEILMAN, WM, CLYDE,  
HILL, KENNETH, GRIMES,  
KINKADE, PAUL, TERRENCE,  
LENTINI, NINO, RUDOLPH,  
LIFE, HOMER, LAWRENCE,  
MAY, A, J,  
MC ALLISTER, ALLAN, J,  
MC DONALD, FRANK, C,  
MC KEE, ROY, G,  
MILLER, WM, AMON,  
MOREC, GEO, JAMES,  
PAZ, LUIS, AUGUSTO,  
POLLACK, SEYMOUR, LESTER,  
ROBERTSON, WM, SIMON,  
SALAS, C, DAVID,  
STAUFFER, GEO, E,  
STEUSSY, CALVIN, N,  
STRICKER, PAUL, JAMES,  
VALENA, DOMINADOR, V,  
VIVIAN, DONALD, E,  
WEBB, ORVILLE, LYNN,

WIATT, LEONARD, H,  
WILHELM, GUIDO, PAUL,

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BENNETT, BENJ, DOUGLAS,  
BLUE, EARL, ROBT,  
BOWERS, COPELAND, C,  
BOWERS, JOHN, ALDEN,  
BOWMAN, JOHN, ALDEN,  
BRADLEY, RICHARD, VINCENT,  
BROWN, RICHARD, J,  
BRUEGGE, THEODORE, JOS,  
CHOI, STEPHEN, S,  
CLEVINGER, WM, GERALD,  
CONLEY, THOS, MARION,  
CRAIG, REUBEN, ALLEN,  
CRAWFORD, THEODORE, R,  
CREBO, ALAN, R,  
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DAVID, DELFIN, PARAS,  
DENTON, LARKIN, D,  
DOSS, JEROME, FAULKNER,  
EARL, MAX, MARKLEY,  
ELLEMAN, JOHN, HENRY,  
ERICSON, HOMER, STANLEY,  
FIELDS, DONALD, LEE,  
FRAZIER, JOHN, LEE,  
FRETZ, RICHARD, CARL,  
GABOYA, RUBEN, READ,  
GOLPER, MARVIN, NORMAN,  
GOOD, RICHARD, PETERSON,  
GRANDA, ARMANDO, BERNARDO,  
GROTHOUSE, CARL, B,  
GUIN, JERE, DONALD,  
HALFAST, RICHARD, W,  
HARSHMAN, JAMES, ALAN,  
HIGGINS, JACK, WAYNE,  
JEWELL, GEO, MONROE,  
KING, FRANK, KARL,  
KING, NINA, CLEVINGER,  
KREMER, S, GEO, ADAM,  
LODDE, MARVIN, BERNARD,  
LONGSHORE, ROBT, EUGENE,  
MAUS, RONALD, TRENT,  
MC CLURE, WARREN, N,  
MENDELSON, STANLEY, M,  
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MIETHKE, RICHARD, PAUL,  
MOORE, JOHN, MANSFIELD,  
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PARIS, DURWARD, WHITEMAN,  
PERKINS, POWELL, LEON,  
PESARILLO, SERVANDO, N,  
PHARES, ROBT, WESLEY,  
POHNERT, WILLIAM, H,  
PRATHER, PHILIP, E,  
QUAKENBUSH, JOHN, PHILLIP,  
RADPOUR, SHOKRI,  
REUL, GEO, MARVIN,  
ROEGNER, DONALD, LEE,  
RUDICEL, MAX, W,  
SCHERSCHER, THOS, ROGER,  
SEKULICH, MILO, M,  
SENN, RICHARD, THOS,  
SMITH, CHAS, FELPS,  
SPANGLER, JESSE, SAML,  
TAPNIO, ROGELIO, ORDONEZ,  
TATE, JAMES, ALAN,

TIGNOR, STERLING, PRESTON,  
TRIMBLE, JOHN, G,  
VAN DENBARK, HOWARD, M,  
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WARE, JOHN, REED,  
WATSON, LEO, GENE,  
WESTERFIELD, GORDON, LEE,  
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ZENT, DON, PAUL,

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KAY, JOHN, BOYD,  
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KEEFE, WILLIAM, E,  
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O'BRIEN, FRANCIS, EUGENE,  
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 RYAN, MICHAEL, GERARD,  
 SHUCK, WM, ARTHUR,  
 SKILES, MELVIN, JAMES,  
 SLOAN, W, KEITH,  
 TURNER, ANNA, LUCINDA GOSS,  
 VALENZUELA, DIEGO, CASTRO,  
 WILLIAMS, LARRY, V,  
 ZINK, ROBT, OTTO,

JENNINGS

CALLI, LOUIS, JAMES,  
 THAYER, BENET, WM,  
 WALTON, FRED, RICHARD,

JOHNSON

ANDREWS, HUGH, KENNETH,  
 BARNES, HELEN, BEALL,  
 BROWN, GEO, EDWIN,  
 BULLERS, ROBT, CLINTON,  
 BULLINGTON, GEO, EDWIN,  
 CHAPPEL, ALFRED, TRUMAN,  
 CHIU, FANG, LUKE,  
 DEGRACIAS, FRANCISCO, D,  
 DEPPE, CHAS, FREDERICK,  
 FERRARA, JOS, FRANCIS,  
 GANNON, ANTHONY, PATRICK,  
 GILLILAND, JOHN, EDWARD,  
 HIBBS, WM, GEO,  
 LINK, CHAS, WM,

MACHLEDT, JOHN, HENDRIX,  
 MARIANO, ARTURO, S,  
 NALLEY, JAMES, HARRY,  
 NAVARRO, ALFONSO, V,  
 OGLE, ROBT, WAYNE,  
 PALMER, HARLEY, PERRY,  
 PROVINCE, WM, DITMARS,  
 RECORDS, JOHN, MERRITT,  
 ROLLER, MAC, C,  
 SCHAEFER, G, L,  
 SHEEK, KENNETH, IVINSON,  
 SINGH, CHANDRABHAN,  
 VIEGAS, BRENDA, P,  
 WALTERS, JACK, LEON,  
 WAYMIRE, WM, MERLE,  
 WEBER, STEVEN, ALLEN,  
 WESEMANN, MERRILL, MAX,  
 YOUNG, JOS, WM,

KNOX

ANDERSON, JOHN, B,  
 BARRETT, THOS, L,  
 BARTLETT, DONALD, TALMAGE,  
 BLACK, BOYD, K,  
 BUEHL, FREDERICK, HELM,  
 BUESER, RUDSEN, MEDINA,  
 BYRNE, ROBT, JOS,  
 CANTWELL, EDGAR, RICHARD,  
 CHATTIN, HERBERT, ODELL,  
 COFFEL, MELVIN, HOOKER,  
 COMBS, DANL, JOHN,  
 DAYSON, LOUIE, OTTO,  
 DIXON, WILLIAM, L,  
 EWING, NATHANIEL, D,  
 FLOYD, MALCOLM, STAFFORD,  
 GLAZER, BARRY, M,  
 HASWELL, JOHN, NOBLE,  
 HENDRIX, CHAS, E,  
 HERMAN, DANIEL, J,  
 HIPPENSTEEL, GERRY, M,  
 HUMPHREYS, JOE, E,  
 JACOMAIN, RALPH, JOS,  
 KINMAN, PHILLIP, BRAMMER,  
 KOONTZ, JAMES, ARTHUR,  
 LOPEZ, EFREN, RAUL,  
 MC DOWELL, MORDECAI, M,  
 MC MAHAN, VIRGIL, CARROL,  
 MELCHIOR, JEROME, EDWARD,  
 MILLER, CHARLES, L,  
 MOORE, ROBT, GARDNER,  
 MURRAY, JOHN, SUMNER,  
 PARMENTER, HARRY, B,  
 POMPUTIUS, WM, FRANCIS,  
 SHAFFER, KENNETH, LEE,  
 SHANKLIN, JACK, LESLIE,  
 SHELTON, N, PHILIP,  
 SMITH, RALPH, OGILVY,  
 SNIDER, DONALD, LESTER,  
 SPENCER, FREDERIC,  
 SPRINGSTUN, GEO, HOBART,  
 STEIN, RICHARD, H,  
 STEWART, ALAN,  
 STEWART, J, FRANK W,  
 STEWART, RALPH, WM,  
 VAUGHN, WALTER, R,  
 VON DER LIETH, WM, P CAREW,  
 WELCH, NORBERT, M,

KOSCIUSKO

ARFORD, JOHN, ELMORE,

BAUM, JOHN, RUSSELL,  
 BEAHM, RONALD, J,  
 CROSS, RICHARD, WESLEY,  
 DACQUISTO, MICHAEL, P,  
 FRANADA, HECTOR,  
 GALBREATH, RICHARD, E,  
 HAINES, DAVID, W,  
 HASHEMI, HOSSEIN,  
 HAYMOND, GEO, M,  
 KEOUGH, THOS, FRANCIS,  
 KIM, IL, HO,  
 LIN, YNG, CHERNG,  
 MATHEU, HERACLEO, I,  
 MOSER, ARTHUR, LEE,  
 NOEL, LEONORA, GRUEZO,  
 PARKE, WM, COULTER,  
 PULLMAN, GEO, R,  
 ROS, GEORGE, A,  
 SNIDER, ROLAND, SIMPSON,  
 WILSON, WYMOND, BURDETTE,

LAGRANGE

FLANNIGAN, HARLEY, F,  
 HAMER, JOHN, LELAND,  
 LEHMAN, KENNETH, MAX,  
 MARTIN, ALLEN, S,  
 MELLINGER, MICHAEL, OWEN,  
 SPINDLER, RICHARD, GILBERT,  
 STUDEBAKER, LLOYD, R,  
 TAYLOR, MILLARD, REED,

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AARON, BARUCH, MICHAEL,  
 ABRAMSON, ALLAN, LAWRENCE,  
 ACOSTA, AMADOR, ALFONSO,  
 ACOSTA, ARACELI, TERNIDA,  
 ACOSTA, CONSTANCIO, BELO,  
 ADAD, WAHBI,  
 ADLER, FRED,  
 AGANA, ADRIANO, AGCAOILI,  
 AHN, KYUNG, JIN,  
 ALFANO, PAUL, ANGELO,  
 ALLEGRETTI, MICHAEL, L,  
 ALMASE, RODOLFO, MEDENILLA,  
 ALT, EDWARD, MATTHEW,  
 AMBROZAITIS, KAZYS, GEO,  
 AMICO, PASQUALE, JOS,  
 ANG, ROBERT, T,  
 ANGEL, VIRGIL, E,  
 ANGELES, ULDARICO, A,  
 ANGULO, EDILBERTO, D,  
 APELLIDO, LIBERACION, L,  
 APTER, JULIA, T,  
 ARBEITER, HERBERT,  
 ARON, TITU,  
 ARROWSMITH, JAMES, LLOYD,  
 ATASSI, BASSEM,  
 AUBURN, RICHARD, P,  
 AYOUB, ADEL, HABIB,  
 BADAR, GREGORIO, F,  
 BAGHDASSARIAN, SAHAG, ARAM,  
 BALAGUER, CARMEN, V S,  
 BALTER, EUGENE, LEE,  
 BARRON, ELMER, ABRAHAM,  
 BARTHELEMY, DOUGE,  
 BARTON, REGINALD, RAYMOND,  
 BECKER, SAML, WM,  
 BECKMAN, ARTHUR, JOS,  
 BECONOVICH, ROBT,  
 BEHN, WALTER, MARTIN,

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BEISER, GEO, DAVID,  
BENCHIK, FRANK, AUGUST,  
BENDLER, CARL, HENRY,  
BERGAL, MILTON, B,  
BERNARD, MARVIN, R,  
BERNSTEIN, LAWRENCE, D,  
BERUBEN, MIGUEL, F,  
BEST, ROBT, C,  
BICALHO, JOSE, FERNAL,  
BILLENA, RAYMUNDO, L,  
BILLS, ROBT, J,  
BILLS, ROBT, NOEL,  
BLANCO, RAMON, M,  
BLEZA, MAXIMO, TULABOT,  
BOMBAR, LESLIE, EUGENE,  
BONAVENTURA, ANGELO, P,  
BOONE, CLARENCE, WAYNE,  
BOONJARERN, SAMPANTA,  
BORNSTEIN, HERSHEL,  
BORROMEO, VENUSTIANO, H J,  
BOYS, FAY, FRANK,  
BRANCO, ARTHUR, MATTHEW,  
BRAND, ANNA, S,  
BRANDMAN, HARRY,  
BRASOVAN, SRBISLAV, N,  
BRAUER, ABRAHAM, A,  
BRENNAN, BETSY, BECKER,  
BRENNAN, WM, CLARENCE,  
BRENNER, HOWARD, B,  
BRINCKO, JOHN,  
BRODERSEN, JAMES, DENNIS,  
BROOMES, EDWARD, LOUIS,  
BROWN, LEG, RALPH,  
BRUBAKER, THOS, ALBERT,  
BRYANT, EDWARD, GAREY,  
BUKATA, PEDRO,  
BUNAG, HOMER, UY,  
BURTON, ROBT, L,  
BUYER, RICHARD,  
CABE, CLAUDIO, M,  
CABRERA, PELAYO, BONSON,  
CAMPAGNA, EDWARD, A,  
CARBERRY, GEO, AUGUST,  
CAREY, JOHN, ALBERT,  
CARLOS, CRISOSTOMO, J,  
CARMODY, RAYMOND, F,  
CARPENTER, BENNIE, F,  
CARROLL, MARY, E DAVIS,  
CARTER, JOHN, OREN,  
CASTOR, CONRADO, P,  
CEBEDO, JAIME, J,  
CESPEDES, CARLOS, ALBERTO,  
CHA, JIN, SUCK,  
CHAE, THOS, C,  
CHANG, ILWOONG,  
CHEN, JAMES, J,  
CHERMEL, IVAN, LEONARD,  
CHIP, JEROLD, NORMAN,  
CHIVAPRUK, CHARAT,  
CHO, SUK-IN,  
CHONA, ALFRED,  
CHOSLOVSKY, SYDNEY,  
CHUA, FARIDA, ISIP,  
CHUA, FELIPE, S,  
CHUBE, DAVID, DEMARET,  
CHUNG, DUCK, JAE,  
CHY-KOA, LETICIA, K,  
CLARO, JOS, JOHN,  
COOK, RICHARD, WOEN,  
COOPER, LEO, KENNETH,

COSTELLO, ALBERT, J,  
COTTER, EDWARD, RICHARD,  
CUSTODIO, CAMIA, ACEVEDO,  
DAINKO, ALFRED, JOS,  
DANIEL, ROBT, ALBERT,  
DARLING, DOROTHY, RUTH,  
DAVIDSON, CHAS, O'DELL,  
DE BOIS, ELON,  
DE LA COTERA, FEDERICO, G,  
DE LA PAZ, OSCAR, GUEVARA,  
DE MELO, LUIZ, PEREIRA,  
DE PORTER, LOUIS, ALPHONSE,  
DEEN, CHRISTOPHER,  
DENNISON, KUMPOL,  
DESCHAMPS, DOMENICO, JOSE,  
DHANA, SRIKIETR,  
DIAMOND, HOWARD, MICHAEL,  
DIMAILIG, GREGORIO, H,  
DIMITROFF, LAMBRO,  
DIVCIC, BORIVOJ, SRETEN,  
DIZON, BELEN, RODRIGUEZ,  
DIZON, GUALBERTO, REYES,  
DOHERTY, RAYMOND, JAMES,  
DONEYFF, RONALD, HAROLD,  
DOUMANIAN, HERATCH, O,  
DRAGOMER, ANDREI, S,  
DUMANIAN-ARA, VAHAN,  
DUNNING, PRESTON, M,  
EBERT, TERRY, WAYNE,  
EGGERS, HENRY, WM,  
EGNATZ, CHAS, DYKE,  
EGNATZ, NICHOLAS,  
ENGLISH, HUBERT, MORTON,  
ERTAN, BEHIC, M,  
ESPINO, JOSE, CANCIO,  
ESPY, THEODORE, R,  
ESTACIO, ROMEO, Y,  
EUGENIDES, TATIANA, X S,  
FADUL, ARMAND,  
FARINAS, CIRILO, T,  
FAULKNER, DONALD, JOS,  
FELDMAN, HOWARD, EUGENE,  
FELDNER, RONALD, PETER,  
FERRY, JOHN, LUMICE,  
FETROW, KENNETH, O,  
FISCHER, BURNELL,  
FISHER, THOS, FORREST,  
FITZPATRICK, WM, J,  
FLORCRUZ, ARTURO, ROXAS,  
FOX, JACK, MILLER,  
FRAHM, CHAS, JOS,  
FRANKOWSKI, CLEMENTINE, E,  
FRIEDMAN, ISADORE, E,  
FRIESKE, DAVID, ALLEN,  
GABATO, MANUEL, BARDOS,  
GALANTE, ALBERT,  
GALANTE, GLORIA,  
GEHRING, THOS, ALBERT,  
GENTLEMAN, JAMES, W,  
GEVIRTZ, MILTON, BERNARD,  
GILLES, PIERRE, LOUIS,  
GIRAGOS, HENRY, G,  
GIVEN, GILBERT, Z,  
GLOVER, WM, J,  
GOEL, ARUN, KUMAR,  
GOEL, SARLA, KANAL,  
GOLDBERG, HAROLD, BENJ,  
GOLDENBERG, MITCHELL, E,  
GOLDING, ROBT, FISCHER,  
GOLDSTONE, ADOLPH,  
GOLDSTONE, JOS,  
GOLDSTONE, SIDNEY, RICHARD,

GOMEZ, CESAR, MORALES,  
GONZALES, SESINANDO, A,  
GOODWIN, THOS, GERALD,  
GORDAN, JAMES, DAVID,  
GORDON, MARK,  
GORDON, ROGER, DREW,  
GORELIK, MARCOS,  
GRABOW, EMIL, FRANCIS,  
GRANT, BENJ, FRANKLIN,  
GRAYSON, FRED, EDWIN,  
GREENBERG, BURTON, HOWARD,  
GREGOLINE, EUGENE, PAUL,  
GREISEN, JACK, CHAS,  
GROSS, JOS, OSCAR,  
GROSSO, WM, GEO,  
GUSTAITIS, JOHN, WM,  
GUTIERREZ, PETER, EMANUEL,  
HADEY, JAMES, H,  
HADIDIAN, HENRY, ARAM,  
HAGERMAN, LAWRENCE,  
HAHN, PAUL, SANGHO,  
HALUM, RAMON, GAYLON,  
HAMANG, PETER, MICHAEL,  
HAMMER, MICHAEL,  
HAMMOND, STANLEY, MEAD,  
HAN, DANL,  
HANKIN, LAWRENCE, G,  
HARPER, JAMES, WINSTON,  
HARVEY, DAVID, M,  
HEDRICK, JAMES, T,  
HEHEMANN, WM, VINCENT,  
HELMS, CHAS, EDWARD,  
HERNANDEZ, ILUMINADA, C,  
HIEBER, FRANK, REYNOLDS,  
HIRSCH, MELVIN, LEONARD,  
HOIT, LEONARD,  
HOLLIDAY, ALFONSO, DAVID,  
HOOKER, REX, RAYMOND,  
HOROWITZ, MARCEL, IRWIN,  
HORST, WM, NICHOLAS,  
HOVANESSIAN, RAFFY, A,  
HUANG, TSAU-YUEN,  
HUSTED, ROBT, G,  
IMPERIAL, BENJAMIN, E,  
JACOBO, MIGUEL, JAIME,  
JAO, RODOLFO, L,  
JEHA, MIKHAIL, FARID,  
JIMENEZ, FELICIANO, F,  
JOHNSON, ARNOLD, LEE,  
JOHNSON, FRANCIS, NEAL,  
KAMEN, JACK, M,  
KAPOOR, GURBACHAN, SINGH,  
KAUFMAN, ALAN,  
KELLAR, PHILIP, ERNEST,  
KELLY, GEO, GREGORY,  
KELSEY, JUDITH, ANN,  
KENDRICK, FRANK, JENNESS,  
KENNEY, FRANCIS, DAVID,  
KHATON, ODESSA, M,  
KIM, CHINSOO, WHANG,  
KIM, MU, SHIN,  
KIM, YOUNG, ROCK,  
KINASIEWICZ, LEON, E,  
KING, JOHN, THOMAS,  
KING, ROBT, W,  
KINO, YOICHI,  
KITT, WALTER,  
KMAK, CHESTER, JOHN,  
KOBIRIN, MEYER, WALTER,  
KOLETTIS, JOHN, GEO,  
KOPCHA, JOS, EDWARDS,  
KORANSKY, DAVID, SYDNEY,

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KORN, JEROME, MARTIN,  
KOTT, ALEXANDER,  
KRSEK, ARCHIE, JOHN,  
KUDELE, LOUIS, THOS,  
KUHN, ARTHUR, J,  
KULSAKDINUN, CHAIRAT,  
LA FOLLETTE, FORREST, R,  
LABITAN, CESAR, CANONIGO,  
LACERA, DONALDO, E,  
LANMAN, JOHN, U,  
LARSON, MICHAEL, S,  
LAUTZ, HERBERT, A,  
LEBIODA, HENRY, STANLEY,  
LEE, ALMON, SEEMAN,  
LEE, DANG-TZUOH,  
LEE, MU-RONG,  
LEMAN, EUGENE,  
LEVIN, HARVEY, JOS,  
LEVIN, MARC, A,  
LEWIS, LUCIEN, A,  
LILAGAN, FLORENTINO, RAMOS,  
LIN, SHOU-GEM,  
LIPSEY, ALFRED, JOS,  
LOH, HWEI-YA, CHANG,  
LOH, JEROME, WEI-PING,  
LONA, MARCO, ANTONIO,  
LOPEZ, FILEMON, PASION,  
LOPEZ, SANTIAGO, A,  
LOVELL, MARTIN, HUTSON,  
LUK, PETER,  
LUNA GAMBETTA, MANUEL, R,  
LUNDEBERG, RALPH, ALVIN,  
LUTZ, ANDREAS,  
LUTZ, GEORGIANNA,  
LYTWAKIWSKY, ANATOL,  
MADARANG, NAPOLEON, M,  
MADLANG, RODOLFO, M,  
MADRILEJO, NORA, GUEVARA,  
MADRILEJO, ROBERTO, B,  
MANGAHAS, JOVENCIO, P,  
MANGAHAS, VIOLETA, RIVERA,  
MANLEY, FLOYD,  
MANSUETO, MARIO, DANL,  
MANZANO, EDMUNDO, V,  
MARCUS, MORRIS, C,  
MARKS, ORA, LEONARD,  
MARKS, SALVO, PHILIP,  
MAROC, JAMES, ALLEN,  
MARQUINEZ, ADORACION, A,  
MARSHALL, WILBUR, JAMES,  
MARTINEZ, LUIS, DIA,  
MARTINO, ROBERT, S,  
MARTIREZ, NAPOLEON, A,  
MASON, EARL, JAMES,  
MASON, JOHN, CHAS,  
MASON, RICHARD, L,  
MC DONALD, WALTER, EVERETT,  
MEDINA, ANGELINA, VELOIRA,  
MEDINA, HERBERT, LEONARDO,  
MILAN, SHIJACHKI, DUSHAN,  
MILLAN, FELIX,  
MILLER, DONALD, C,  
MILOS, ROBT, JOS,  
MIN, DAVID, PYONG-WHA,  
MINCZEWSKI, RICHARD, C,  
MINKIN, RONALD, BLAINE,  
MINTZ, ALFRED, M,  
MIRICH, ERNEST, C,  
MIRRO, JOHN, ANTHONY,  
MIRRO, JOHN, ANTHONY,

MISCH, WM, A,  
MITCHELL, GEORGIA, BONE,  
MOFFETT, JAMES, B,  
MOLENGRAFT, CORNELIUS, J,  
MONTE S, HERMINIO, Y,  
MONTUORI, GIULIA,  
MOORE, EDWIN, GRIFFEN,  
MORGAN, RANDALL, C,  
MORRIS, WM, HAROLD,  
MOSWIN, JACK, ARTHUR,  
MOULTRIE, H, CARL,  
MURILLO, HERBERT, LAURON,  
MURPHY, JOS, FRANCIS,  
NADAS, JOHN, A,  
NAKAMURA, TAKAMITSU,  
NAZON, YVON,  
NEAL, LEONARD, WILSON,  
NEER, DAVID, DREW,  
NELSON, WOLFRED, ARTHUR,  
NICOSIA, JOHN, B,  
NOWLIN, WM, FELBERT,  
OBERLANDER, SEYMOUR,  
OLUFS, RICHARD, DEAN,  
ORNELAS, JOS, PAUL,  
PALMER, BARRON, M F,  
PAMINTUAN, FLORINO, GANDO,  
PAPPAS, EDDIE, THOS,  
PARGAONKER, MAKRAND, U,  
PARRATT, LOUIS, WARDROP,  
PATEL, BHARAT, R,  
PATEL, DINESHCHANDRA, A,  
PATEL, RASHMI, CHIMANLAL,  
PATEL, UPENDRA, H,  
PAUL, EUDELL, GEO,  
PAVELKA, RONALD, PETER,  
PAYNE, ARTHUR, C,  
PEIFFER, GERALDINE, M,  
PENA, ADELA, P,  
PENN, ROBT, ALLAN,  
PEREZ, ADELA, M,  
PESIGAN, CONRADO, SISON,  
PETTIS, ARTHUR, GLASCO,  
PHILLIPS, DONALD, MICHAEL,  
PIERCE, WM, JOHN,  
PILLAY, VIJAYAPRASANTHAN,  
PILOT, JEAN,  
PLATIS, JAMES, MARK,  
POLITE, NICHOLAS, LOUIS,  
POLYDEFKIS, DIMITRI, GEO,  
PORAPAIBOON, VEERA,  
PORTNEY, FRED, R,  
POTTI, T, K KRISHNAN,  
PREDEY, THOS,  
PREMUDA, FRANKLIN, FRED,  
PRUITT, JACOB, E,  
PURCELL, RICHARD, J,  
RAHMANY, MOHAMMAD, ASEF,  
RAMKER, DANL, THEODORE,  
RASCH, GEO, C,  
RAWLINS, CAROLYN, N MANN,  
RAWLINS, STEVEN, JOE,  
RAYMUNDO, LUCIANO, CABATE,  
REED, JOHN, JOS,  
REED, RONALD, RILEY,  
REITMAN, PAUL, HENRY,  
REMICH, ANTONE, CHAS,  
RENDEL, DONALD, T,  
REPAY, WALTER, ALLEN,  
REYES, ANGEL, I,  
RIESER, ALOYS, MARTIN,  
RIVERA, FERNANDO, H,  
ROIG, JOSE, HUGO,

ROSENBLOOM, PHILIP, JACK,  
ROSENTHAL, CARL,  
ROSEVEAR, HENRY, JOS,  
ROSS, DAVID, EUGENE,  
ROTH, LEO,  
RUBIN, SIMON, SYRIL,  
RUDSER, DONALD, HARRY,  
RUSSO, ANDREW, ESCHER,  
RYAN, HUBERT, JOS,  
SAAVEDRA, BERNARDO,  
SABO, WILLIAM, J,  
SALA, JOS, JOHN,  
SALA, WALTER, RUDOLPH,  
SALEH, IBRAHIM, MITRE,  
SANTARE, VINCENT, JOS,  
SCHAROFF, JAY, ROBT,  
SCHLESINGER, DANL, J,  
SCHMITT, ROBT, J,  
SCHULFER, RICHARD, J,  
SCHULZ, KURT, J E,  
SCHWARTZ, JACK,  
SCHWARTZ, MAGDA,  
SCULLY, JOHN, T,  
SEBASTIAN, RICARDO, F,  
SEMERDJIAN, ARAM,  
SERNA, CARLOS, A,  
SERRANO, JOSE, FLORENTINO,  
SHAH, RAMESHCHANDRA, L,  
SHAPIRO, JOS,  
SHAPIRO, SEYMOUR, WM,  
SHETTY, DAYANANDA, M,  
SHULRUFF, HARRY, I,  
SIEKIERSKI, JOS, M,  
SINCHAI, PRAVIT,  
SKLENARZ, KRZYSTYNA, MARIA,  
SLAMA, GEO, FRANCIS,  
SMALLS, GEO, DOUGLAS,  
SMEJKAL, JERALD, J,  
SMITH, BERNARD,  
SMITH, JERALD, E,  
SMITH, ROBT, D,  
SMITH, THEODORE, J,  
SMITLEY, ROGER, P,  
SO, JAMES, L,  
SOKOL, ALLEN, B,  
SOLIS, ROGER, VALBERG,  
SOMANI, INDRA, KUMAR,  
SONG, JOHN, YE KUN,  
SORAK, KATICA,  
SRI, PRASIT,  
SROKA, STANLEY, JOS,  
STASICK, MURRAY,  
STECY, PETER,  
STEELE, EVERETT, B,  
STEEN, LOWELL, HARRISON,  
STERN, MONA, KAUFMAN,  
STEVENS, EDWIN, W,  
STEWART, PAUL, WAYNE,  
STOOKEY, RICHARD, DON,  
STOVER, MERVIN, C,  
SUWANWILAI, CHAROEN,  
SZANTO, PHILIP, A,  
TABION, NAPOLEON, C,  
TAN, JUAN,  
TANRIKULU, ORHAN,  
TEEGARDEN, JOS, A,  
TEMPLIN, DAVID, BROWNING,  
THEPHASDIN, JIROJ,  
THOMAS, DANL, D,  
THOMAS, GERALD, JAY,  
THUPVONG, CHAWTIPYA, D,  
THUPVONG, KOSIN,

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TIFFANY, JOS, CALVIN,  
 TILKA, EDWARD, CHAS,  
 TOUSSAINT, LINNE, FENELON,  
 TOWANNASUT, VERAPON,  
 TOYAMA, TSUYOSHI,  
 TRACHTENBERG, LEE, H,  
 TROY, JACK, MILTON,  
 TSAI, SAN, HUA,  
 TURGI, ROBT, W,  
 TYRRELL, JOS, J,  
 TYRRELL, THOS, CARROLL,  
 UNNI, RAMAKRISHNAN, P,  
 URBA, VYTAUTAS, VICTOR,  
 URBANSKI, WALTER, PATRICK,  
 VALENCIA, MONICO, M,  
 VALENZUELA, ROBERTO, D,  
 VALENZUELA, SOFIA, SALOMON,  
 VANDER TOLL, DONALD, JOHN,  
 VANDER WESTHAYSEN, PETER,  
 VELASQUEZ, ARMANDO,  
 VELUZ, MARIO, ISAAC,  
 VERGARA, ABELARDO, F,  
 VINCENT, JOHN, PAUL,  
 VOLAN, GEORGE, J,  
 VOORHIES, MC, KINLEY,  
 WADLE, ROBERT, HAROLD,  
 WAISS, ELAINE, HELEN,  
 WALKER, ADOLPH, PAUL,  
 WANG, TIEH, CHUN,  
 WATTS, EDWIN, SCULLY,  
 WEINBERG, BENJ, A,  
 WEISKOPF, HENRY, S,  
 WEISS, BRIAN, H,  
 WIGUTOW, MARCOS,  
 WILLARDO, ALBERT, THOS,  
 WILLIAMS, ALEXANDER, S,  
 WILLIAMS, EDWIN, DANL,  
 WINTER, DONALD, K,  
 WOLF, ROBT, ALLEN,  
 WOLFF, LARRY, H,  
 WONG, SAML, NIEN TSU,  
 WONGSE SANIT, YONG, YOTS,  
 WONGSE-SANIT, VATCHARA, M,  
 WOODEN, THOS, FRANKLIN,  
 WYLIE, ROBT, REED,  
 YANG, IN, WHAN,  
 YAST, CHAS, JOS,  
 YEE, LUCIO, CHIONG,  
 YERETSIAN, ARA, KHOREN,  
 YOCUM, PAUL, S,  
 YOCUM, WM, STONE,  
 YOU, KWANG-DUCK,  
 YOUNG, FREDERIC, DOUGLAS,  
 YOUNG, ROBT, LAWRENCE,  
 ZALLEN, STANLEY, GEO,  
 ZIVICH, JOHN, M,  
 ZUCKER, EDWARD,

LAPORE

AGRAWAL, AMARNATH, B,  
 ARNEY, AMOS,  
 BACKER, GEO, P,  
 BACKER, MARY, B YEAGER,  
 BAKER, WARREN,  
 BALINAO, REUBEN, CASTILLO,  
 BANKOFF, MILTON, LEWIS,  
 BATACAN, GEO, ACOSTA,  
 BATTLE, FREDERICK, GERALD,  
 BERGAN, JOS, ANTHONY,

BERKSON, MYRON, E,  
 BREMER, WINDHAM,  
 CARPENTIER, JAMES, ROBT,  
 CONSTAN, EVAN,  
 DATZMAN, BASIL, JOS,  
 DIAN, AUGUST, JOS,  
 EDWARDS, JAMES, LARKIN,  
 EL SHOUT, CLEMENT, H,  
 ERWIN, WINFORD, ROBT,  
 FEINN, HARRY, S,  
 FROST, ROBT, JOS,  
 GALINIS, ALGIMANTAS, JOS,  
 GARDE, RODRIGO, CARPIO,  
 GARDNER, MELVIN, DUANE,  
 GARDNER, RUSSELL, ALLEN,  
 GILMORE, ROBT, WM,  
 GILMORE, RUSSELL, ADAMS,  
 HAGENOW, CHAS, FREDERICK,  
 HAY, GENE, R,  
 HENDERSON, NORMAN, CHAS,  
 HILL, THEODORE, ALBERT,  
 HILLENBRAND, CHAS, JOHN,  
 HODONOS, PHILLIP, ELI,  
 HOGLE, FRANK, D,  
 HOUCK, RICHARD, JAMES,  
 JANOVSKY, CHARLES, T,  
 JENSEN, JAMES, WALDEMAR,  
 JONES, KING, SOLOMON,  
 KELSEY, ROBT, MOFFAT,  
 KEMP, JOHN, THEODORE,  
 KEPLER, ROBT, WENDEL,  
 KERRIGAN, ROBT, LEE,  
 KIM, JOON, SUN,  
 KROCZEK, STEPHEN, ERIC,  
 KUBIK, FRANCIS, JOS,  
 LALANI, ABDUL, SULTAN,  
 LIDDELL, CHAS, KEALLY,  
 LUCE, JOHN, WEBB,  
 MANNION, RODNEY, ANTHONY,  
 MARSKE, ROBT, L,  
 MC BRIDE, ROBT, EDMUND,  
 MC CLURE, CHESTER, FERRIS,  
 MC INERNEY, GERALD, T,  
 MILLER, MAURICE,  
 MILNE, WALTER, SCOTT,  
 MLADICK, EDWARD, A,  
 MOORE, WM, GILBERT,  
 MOOSEY, LOUIS,  
 MUELLER, EDWIN, C,  
 O'BRIEN, RAYMOND, J,  
 OAK, DAVID, DWIGHT,  
 PAIK, GUN, SIL,  
 PHILBROOK, SETH, S,  
 PHILLIPS, JOHN, HARMON,  
 PILECKI, PETER, J,  
 PLANK, RICHARD, S,  
 POPLAWSKI, HENRY,  
 POTTER, BRIAN, S,  
 PREDD, ADOLPH, C,  
 PREDD, FLORIAN, MARTIN,  
 RICHTER, JOHN, CARL,  
 RIVERA, FELICIDAD, BALIDO,  
 RIVERA, JULIUS, PEREGRINO,  
 SALSBURG, HERBERT, E,  
 SAMALIO, JUSTO, R,  
 SANCHEZ, JOSE, DOLORES,  
 SCOTT, JOHN, SPAHR,  
 SCUPHAM, WM, KENT,  
 SIRUGO, ALDO, CORRADO,  
 SMITH, LE ROY, A,  
 SPRECHER, JAMES, JOHN J,  
 STARK, WILLIAM, A,

STILLER, AILEEN, GRIFFIN,  
 STILLER, ERNEST, WM,  
 TICSAY, BENVENIDO, V,  
 VON ASCH, GEO, FREDERICK,  
 WALTERS, WM, HAROLD,  
 WEISS, ALBERT, EMIL,  
 WENINGER, DONALD, LEE,  
 WOLF, WM, EDWARD,  
 ZAHRT, FRANK, H,  
 ZALAC, DONALD, ALBERT,

LAWRENCE

ARDALAN, ABDOLAZIZ, MOEZ,  
 AUSTIN, RICHARD, PAUL,  
 BENHAM, LAWRENCE, E,  
 BENNETT, DICK, L,  
 CROSBY, REID, CLIPP,  
 DINO, FLORIAN, SOTTO,  
 DUNCAN, RAYMOND, E,  
 DUNDEE, JOHN, THOBURN,  
 DUSARD, JOS, CAVANAW,  
 EMERY, CHAS, BARTLETT,  
 FOUNTAINE, THOS, JAY,  
 GIRGIS, MEDHAT, HELMY,  
 GONZALEZ LAGO, RAUL, C,  
 HAMILTON, JAMES, ROBT,  
 HAMMEL, HOWARD, TRUE,  
 HAWKINS, RICHARD, DALE,  
 HUBER, RICHARD, GLEN,  
 HUI, HANNAH, MAY-TUK,  
 JOHNSON, WALLACE, D,  
 KADERABEK, DONAL, JOS,  
 KASTING, GERALD, E,  
 KERR, DONALD, MILTON,  
 LIVINGSTON, PETER, HOWARD,  
 MORROW, ROBT, JACKSON,  
 MOUNT, JAMES, LEE,  
 NOE, WM, ROBT,  
 ODULIO, BENITO, V,  
 ODULIO, BRUNHILDA, IRIS,  
 OSWALT, JAMES, TELFER,  
 PILLAI, VIJAYAN, V,  
 REUTER, JOHN, WESLEY,  
 SAMADDAR, PRASOON, KUMAR,  
 SAMI, ABDEL, W,  
 SANGALANG, ZENAIDA, S,  
 SERA, SEGUNDO, R,  
 SORRELLS, GEORGE, W,  
 TAN, EUGENIO, N,  
 WALDO, GUY, HAROLD,  
 WOHLFELD, JULIUS, B,  
 WOHLERY, RICHARD, HENRY,  
 WRIGHT, ROSS, STANLEY,

MADISON

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 ALLEN, LAWRENCE, E,  
 ANDERSON, WM, STAFFORD,  
 AUSTIN, CHAS, E,  
 BAUGHN, WM, LUTHER,  
 BEELER, FRANKLIN, K,  
 BENEDICT, HAROLD, GAYMAN,  
 BIXLER, DONALD, PAUL,  
 BLASSARAS, CRIST, A,  
 BOWERS, CHAS, RICHARD,  
 BRIDGES, ALVIN, L,  
 BUCKLES, DAVID, LUDY,  
 BUECHLER, WM, F,  
 BUSH, EDWARD, ROBT,  
 CAMPBELL, FRANK,

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CHAMBERS, RICHARD, KELLY,  
CHUNG, IL, SUNG,  
COPELAND, JOS, CONRAD,  
DANIEL, GERALD, OWEN,  
DAUS, MILTON, J,  
DENNY, MELVIN, HARVEY,  
DIXON, REX, WM,  
DOLES, TED, SCOTT,  
DONALDSON, FRANK, COOMBS,  
DRAKE, JAMES, RICHARD,  
DRAKE, JOHN, CALVIN,  
DRAKE, MARION, CLIFFORD,  
DULIN, BASIL, BURTON,  
FAUST, HOWARD, MACY,  
FEDOR, THOS, ANTHONY,  
FERRELL, MARS, BENTON,  
FISCHER, WARREN, E,  
FITZPATRICK, HARKY, W,  
FOLEY, PHILLIP, DELANO,  
GAHIMER, JOE, EDWARD,  
GALLANOSA, ARTURO, G,  
GAUNT, EVERETT, WELKER,  
HANSON, MARTIN, F,  
HENSLER, BENTON, MOSES,  
HOLL, CARL, W,  
IRWIN, GERALD, PORT,  
JARRETT, PAUL, EUGENE,  
JONES, DAVID, GEO,  
JONES, JOHN, DAVID,  
KEPNER, ROBT, STANLEY,  
KIELY, JOHN, T,  
KING, CHAS, ROSS,  
KING, JOS, WHEELER,  
KOPP, WM, R,  
LAND, RICHARD, NELSON,  
LARMORE, JOS, LOWMAN,  
LAUDEMAN, WALTER, A,  
LEAHY, HOWARD, JOS,  
LEY, LARRY, J,  
LIM, NUNILON, CARRANZA,  
LITZENBERGER, SAM, W,  
LONG, PAUL, LAPPLE,  
MARTIN, DAVID, LEE,  
MC CURDY, ROBERT, WILLIAM,  
MENGELE, THOS, PAUL,  
MONEYHUN, JAMES, EMMETT,  
MORRIS, ROBT, ALLEN,  
MUSNGI, LUCIANO, PESTANAS,  
NEALE, ALFRED, EUGENE,  
NESBIT, LEONARD, LOCKE,  
OLDAG, GEO, EDWARD,  
OVERPECK, GEO, H,  
OWEN, THOS, FREDRIC,  
PATTERSON, WM, K,  
POLHEMUS, WARREN, C,  
PRICE, AMBROSE, MADISON,  
RAMSEY, PAUL, L,  
RAYMUNDO, VIVENCIO, F,  
REED, ROGER, ROLLIN,  
REYNOLDS, RALPH, EDWARD,  
RIDGWAY, ALTON, H,  
ROSENBAUM, LLOYD, E,  
ROSS, GUY, EVERETT,  
SCEA, WALLACE, A,  
SCHEMMER, KENNETH, EDWIN,  
SCHMALZ, WM, JUSTIN,  
SHAFFER, RICHARD, H,  
SHARP, WM, LELAND,  
SHELDON, SUEL, A,

STAMPER, JOS, HERBERT,  
STAMPER, ROBT, J,  
STARKS, WILLIAM, O,  
STEVENSON, JERRY, L,  
STINSON, WM, MEFFORD,  
SZUMILAS, PETER, PAUL,  
TAYLOR, JAMES, ALVIN,  
TIERNEY, WM, JOS,  
VAN NESS, WM, CHAS,  
VAN NESS, WM, CHAS,  
WAGONER, JOHN, ROBT,  
WEBB, HARRY, D,  
WEISS, LOUIS, LLOYD,  
WHITAKER, JACK, DAWSON,  
WILDER, GORDON, BOTKIN,  
WILKINSON, ROGER, LEWIS,  
WILLIAMS, FRANCIS, M,  
WILLIAMS, ROBT, D,  
WOODALL, JOHN, WESLEY,  
WOODBURY, CLARENCE, R,  
WRIGHT, CECIL, STUART,

## MARION-INDIANAPOLIS

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AHEARN, DANL, JOS,  
AHUJA, GIRDHAR, LAL,  
ALBERTSON, FRANK, P,  
ALBRECHT, WILLARD, HAROLD,  
ALIG, HOWARD, MARION,  
ALIG, VINCENT, BOONE,  
ALL, BARBARA, ANN BEDWELL,  
ALLEN, ROBT, KIRBY,  
ALLEY, THOS, WM,  
ALVIS, DAVID, LEE,  
ALVIS, EDMOND, OCHS,  
ANSUTZ, WM, M,  
ANTREASIAN, BERJ,  
APPEL, RICHARD, HARDY,  
APPLEGATE, GEORGE, WILLIAM,  
ARBOGAST, JOHN, L,  
ARMER, ROBT, M,  
ARMSTEAD, JOHN, WM,  
ARNOLD, AARON, LEON,  
ARNOLD, ANTHONY,  
ARNOLD, ROBERT, DALE,  
ARONOFF, MICHAEL, STEPHEN,  
ASHER, JAMES, WILDING,  
ATHAR, SHAHID,  
ATKINS, CLAYTON, HUGH,  
ATKINS, STEVEN, DALE,  
ATZ, WILLIAM, A,  
AVERY, GEO, O,  
AYERS, JOHNNIE,  
BAADJ, ABDEL, GHANI,  
BACHMANN, ARNOLD, J,  
BADER, JOS,  
BAKER, JOHN, C,  
BALCH, JAMES, FERGUSON,  
BALL, JOS, EMORY,  
BALLANTINE, THOS, VAN NESS,  
BARNES, GILBERT, HARVEY,  
BARTLEY, MAX, DONALD,  
BASH, DAVID, L,  
BASTNAGEL, WM, FRANCIS,  
BATCHELDER, JOHN, ERNEST,  
BATE, MOSTAFA, HASHEM,  
BATES, LAURENCE, HOWARD,  
BATNITZKY, SOLOMON,  
BATTERSBY, JAMES, S,  
BATTIES, PAUL, TERRY,  
BAUER, THOS, BRYANT,

BAUMEISTER, HERBERT, E,  
BEACH, ROBT, RUSSEL,  
BEAMS, RONALD, NED,  
BEATTY, BRUCE, EUGENE,  
BEAVER, HOWARD, WILSON,  
BEAVER, WALTER, PHIL,  
BECHTOL, LAVON, DEE,  
BECK, EVART, MALCOLM,  
BECKER, HARRY, GREGORY,  
BEELER, JOHN, WATSON,  
BEERING, STEVEN, CLAUS,  
BEESON, WILLIAM, H,  
BELSHAW, GEO, HENRY,  
BELT, JAMES, H,  
BELTZ, HOMER, F,  
BENDER, BRUCE, HAROLD,  
BENEDICT, PAUL, FRANCIS,  
BENNETT, IVAN, FRANK,  
BENNETT, JAMES, E,  
BENNETT, WM, SHERMAN,  
BENSON, JESSE, THOS,  
BENTZ, EDWARD, WAYNE,  
BENZ, JAMES, ALBERT,  
BERMAN, EDWARD, J,  
BERRY, MARGARET,  
BHAGWANDIN, HARRY, OMROA,  
BIBLER, LESTER, DAVID,  
BIEGEL, ANGENIETA, ANNE,  
BIGLAN, ALBERT, W,  
BILL, ROBT, O,  
BINGLE, GLENN, JAY,  
BIXLER, GLORIA, A GREENEN,  
BLACK, HENRY, RAY,  
BLACKBURN, ROBT, ALFRED,  
BLACKFORD, FLORENCE, SMITH,  
BLACKFORD, RALPH, ELLIS,  
BLACKWELL, DONALD, S,  
BLAKE, ALBERT, L,  
BLATT, ADOLPH, EBNER,  
BLIX, FRED, MAYOR,  
BLOEMKER, EDWARD, F,  
BLYTHE, JERRY, EDWARD,  
BOESTER, JEFFREY, ALLYN,  
BOGGS, EUGENE, FULTON,  
BOJRAB, LOUIS, DEAN,  
BOLING, FREDERICK, FRANCIS,  
BOLING, GROVER, C,  
BOLINGER, GARRY, LEE,  
BOND, VIRGINIA, KING,  
BOND, WM, HOLMES,  
BONSETT, CHAS, A,  
BOOHER, OLGA, M BONKE,  
BOOTH, BOYNTON, HOOKER,  
BOYCE, PAUL, ACHILLES,  
BOYER, FLOYD, ALFRED,  
BRADY, THOMAS, A,  
BRANTLY, JAMES, MONROE,  
BRASHEAR, RICHARD,  
BRAYTON, LEE,  
BRICKLEY, HARRY, D,  
BRICKLEY, RICHARD, AGAR,  
BRIGGS, ROBT, WM,  
BRILLHART, JAMES, RICHARD,  
BRISSENDEN, REYNOLDS,  
BROGAN, THOS, MICHAEL,  
BROOKS, FRED, REYNOLDS,  
BROWN, ARCHIE, EMMETT,  
BROWN, DAVID, EDWARD,  
BROWN, DAVID, LEE,  
BROWN, DE, WITT WILCOX,  
BROWN, EARL, ROBT,  
BROWN, FRANCES, TURPIN,

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 BROWNING, WM, MADISON,  
 BROWNLEY, EMMA, J,  
 BRUECKMANN, F, ROBERT,  
 BUBB, MICHAEL, P,  
 BUCKEL, LARRY, JOS,  
 BUEHL, ISABELLE, ANN DAVIS,  
 BUNTIN, PRESLEY, THOS,  
 BURDETTE, HAROLD, F,  
 BURGHARD, ROLLA, DALE,  
 BURT, MICHAEL, ROBT,  
 BUTLER, GEROLD, THOMAS,  
 BUTLER, JOHN, OLIN,  
 BUTLER, ROBT, MAURICE,  
 BUTTERWORTH, JOS, CHAS,  
 CAHN, HUGO, M,  
 CAHN, PETER, H,  
 CALDWELL, MARILYN, R,  
 CALLAND, SABRA, K WETZLER,  
 CAMPBELL, H, EDWIN,  
 CAMPBELL, RICHARD, WM,  
 CAMPBELL, ROBT, L,  
 CAPELLO, WILLIAM, N,  
 CAPLIN, IRVIN,  
 CAPUTI, SAVERIO,  
 CARAS, JOHN, ANTHONY,  
 CARTER, CHAS, BENJ,  
 CARTER, JAMES, EDWARD,  
 CASSADY, JAMES, EDWIN,  
 CATTELL, LEE, M,  
 CAVINS, JOHN, ALEXANDER,  
 CHABENNE, BAHJAT, S,  
 CHAPMAN, WM, EDWARD,  
 CHATTIN, WM, R,  
 CHAVEZ, MAURO, EMIGDIO,  
 CHEN, JAMES, Z W,  
 CHEN, KO, KUEI,  
 CHERNISH, STANLEY, M,  
 CHEUNG, AMY, A,  
 CHEVALIER, ROBT, BURRIS,  
 CHIVINGTON, PAUL, V,  
 CHRISTIE, MARVIN, CRANE,  
 CHRONIAK, WALTER,  
 CHUA, GONZALO, TAN,  
 CLARK, CHAS, MALCOLM,  
 CLARK, EDWARD, EDMUND,  
 CLARK, GEO, ALEXANDER,  
 CLARK, LAWSON, J,  
 CLAYTON, ROBERT, THOMAS,  
 CLEARY, ROBERT, E,  
 CLINE, DONALD, LEE,  
 COBB, CLARENCE, M,  
 COCKERILL, EDWARD, MEEKS,  
 COCKRELL, DALE, KETE,  
 COGGESHALL, WARREN, EVART,  
 COHN, ALVIN, FRANK,  
 COLLINS, HUBERT, LOWELL,  
 COLLINS, ROBT, CARL,  
 CONWAY, GLENN,  
 COOKSON, LAWRENCE, UP JOHN,  
 COOPER, DANL, F,  
 COPHER, DAVID, E,  
 CORNACCHIONE, MATTHEW,  
 CORTESE, JAMES, V,  
 CORTESE, THOS, A,  
 CORTESE, THOS, ANTHONY,  
 COSTIN, ROBT, LEE,  
 COUGHENOUR, J, ROBT,

COUNTRYMAN, FRANK, W,  
 CRAFT, KENNETH, L,  
 CRAIG, ALEXANDER, F,  
 CRAMER, SAML, KEITH,  
 CRAVENS, FREDERICK, A,  
 CRAVENS, ROBERT, E,  
 CRAWFORD, JOHN, A,  
 CREED, GARY, ST CLAIR,  
 CRONIN, H, JOS,  
 CROSS, DAVID, GEO,  
 CROSSIN, JAMES, ALOYSIUS,  
 CULBERTSON, CLYDE, G,  
 CUMMING, JAMES, ROOD,  
 CUMMINS, DOUGLAS, F,  
 CUNNINGHAM, CAROLYN, ANN,  
 CURRY, R, LOUIS,  
 CUSICK, JAMES, ALAN,  
 CUTHBERT, MARVIN, P,  
 CZENKUSCH, HELEN, E GEYER,  
 DALEY, EDWARD, HENRY,  
 DALLAS, FRED, R,  
 DALTON, WM, WARREN,  
 DALY, JOS, M,  
 DALY, WALTER, JOS,  
 DANIEL, JOHN, CARLTON,  
 DARBRO, DAVID, ANTHONY,  
 DARNELL, JEFFREY, CHAS,  
 DASCOLI, THOMAS, C,  
 DASHIELL, JAMES, RALPH,  
 DAVIDSON, DALE, A,  
 DAVIS, BENNIE, LEON,  
 DAVIS, EVERETT, J,  
 DAVIS, MARGARET, MELVINA,  
 DAVIS, SAM, J,  
 DE ARMOND, ALBERT, M,  
 DE BROTA, JOHN,  
 DE MOTTE, CAMILIUS, B,  
 DE ROSA, GUY, PAUL,  
 DE WESTER, GERALD, MAYSON,  
 DEACON, WALTER, E,  
 DEAL, ELEANOR, H B,  
 DEAL, MICHAEL, J,  
 DEARMIN, ROBT, MASON,  
 DECATUR, DAVID, RICHARD,  
 DEEVER, JOHN, WILKIN,  
 DEITCH, ROBT, DAVID,  
 DENNY, DAVID, M,  
 DENNY, FORREST, L,  
 DENNY, JAMES, WESLEY,  
 DEOGRACIAS, MONICA, D,  
 DICK, WM, HENRY,  
 DICKS, ROBT, EVAN,  
 DICKSON, CAROLYN, H LUCAS,  
 DILL, CHAS, WM,  
 DILL, MYRON, K,  
 DILTS, ROBT, LOUIS,  
 DIZON, MIGUEL, B,  
 DOLAN, PATRICK, ANTHONY,  
 DONATO, ALBERT, MARIO,  
 DONOHUE, JOHN, PATRICK,  
 DORAN, JORDAN, HAL,  
 DOUGHTY, SAML, R,  
 DOUGLAS, WM, THOS,  
 DOWD, JOS, A,  
 DOWNS, KENNETH, R,  
 DRYDEN, GALE, EMERSON,  
 DU BOIS, MICHAEL, BRUCE,  
 DUBOIS, DON, RAMON,  
 DUGAN, JOHN, RICKWOOD,  
 DUGAN, WM, MILLER,  
 DUNCAN, STUART, JACKSON,  
 DUNKIN, RAMON, SINCLAIR, E,

DYAR, EDWIN, WM,  
 DYAR, ROBT, WM,  
 DYKE, RICHARD, WARREN,  
 DYKEN, MARK, LEWIS,  
 EARP, EVANSON, BYERS,  
 EATON, EDWIN, RAY,  
 EATON, LYMAN, DALE,  
 EBERT, J, WAYNE,  
 EBERTH, EDWARD, PALMER,  
 ECHT, CHAS, ROBT,  
 EDMANDS, ROBT, EMERSON,  
 EDWARDS, DAVID, JEAN,  
 EDWARDS, JOSHUA, L,  
 EDWARDS, JUDITH, ANN JOHNS,  
 EDWARDS, WENDELL, LEE,  
 EGBERT, HERBERT, L,  
 EHRLICH, CLARENCE, EUGENE,  
 EICHER, PALMER, O,  
 ELDRIDGE, GAIL, EDWARD,  
 ELKINS, JAMES, PAUL,  
 ELLIOT, WILLAM, JAMES,  
 ELLIOTT, DANL, ROBT,  
 ELLIOTT, WM, CROMARTIE,  
 ELLIS, FORREST, D,  
 ELLIS, WM, NICOL,  
 ELMORE, MICHAEL, F,  
 EMHARDT, JOHN, THILO,  
 EMKES, BERNARD, JOHN,  
 ESKEW, PHILIP, NEWTON,  
 EVANS, FREDERICK, H,  
 EVANS, PAUL, VINCENT,  
 EVENS, MARVIN, AMOS,  
 EVERETTS, DAVID, R,  
 EVERLY, RALPH, VERNON,  
 FAILEY, ROBT, B,  
 FARIS, JAMES, VANNOY,  
 FARRELL, JOS, THOS,  
 FARRIS, JOHN, JOS,  
 FAUSSET, C, BASIL,  
 FECHTMAN, WM, FREDERICK,  
 FEENEY, MARTIN, THOMAS,  
 FERGUSON, JEFFREY, HALE,  
 FERRARA, THOS, ALBERT,  
 FERREE, H, LANE,  
 FERREE, MARY, M,  
 FERRY, FRANCIS, A,  
 FEUER, HENRY,  
 FINNERAN, JOS, CHAS,  
 FISCH, CHAS,  
 FISCH, JON,  
 FISCHER, A, ALAN,  
 FISCUS, CLIFFORD, WM,  
 FISHER, WM, PAUL,  
 FITZGERALD, EDWARD, BRICE,  
 FITZGERALD, WM, JOS,  
 FLANAGAN, PAUL, M,  
 FLANDERS, ROBT,  
 FLANIGAN, M, B,  
 FLEISCHL, HERBERT,  
 FLORA, JOS, O,  
 FOLEY, PATRICK, L,  
 FORTUNA, FRANK, WM,  
 FOSGATE, HAROLD, L,  
 FOSTER, LEE, N,  
 FOSTER, LOWELL, GEO,  
 FOSTER, RAY, D,  
 FRANKEL, GERALD, JOS,  
 FRANKEN, EDMUND, A,  
 FRANKLIN, WILLIAM, L,  
 FREDERICK, TERRY, LEE,  
 FREED, CARL, ADRIAN,  
 FREEMAN, MAX, E,

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FRENCH,RICHARD,NOBLE,  
 FRENCH,RICHARD,STEPHENS,  
 FROMHOLD,WILLIS,A,  
 FRY,ROBT,DE VAULT,  
 FULTON,WM,HALL,  
 FUNDENBERGER,MARTIN,  
 FURMAN,ROBT,H,  
 GABOVITCH,EDWARD,ROBT,  
 GABRIELSEN,TED,HOWARD,  
 GADDY,NELSON,DON,  
 GAEBLER,JOHN,WM,  
 GAMBILL,WM,DUDLEY,  
 GANADEN,EULOGIO,V,  
 GARBER,J,NEILL,  
 GARCIA,TIERRY,F,  
 GARD,DANL,A,  
 GARDINER,SPRAGUE,HEMAN,  
 GARDNER,AUSTIN,L,  
 GARDNER,FREDERIC,B,  
 GARDNER,NORMAN,DAVID,  
 GARFIELD,MARTIN,D,  
 GARNER,WM,STANLEY,  
 GARRETT,ROBT,AUSTIN,  
 GAURANO,LAURO,M,  
 GEIDER,ROY,AUGUST,  
 GEISLER,HANS,EMANUEL,  
 GENNA,MARY,MILLER,  
 GEORGE,CHAS,LESTER,  
 GEORGE,JOHN,LAWRENCE,  
 GERTH,ROBT,EDWARD,  
 GIBSON,GRETA,MAXINE,  
 GICK,HERMAN,HENRY,  
 GILKISON,WM,MINOR,  
 GILLESPIE,CHAS,F,  
 GILLESPIE,JACOB,EARL,  
 GILLIM,PARVIN,DOUGLAS,  
 GIROD,DONALD,ALFRED,  
 GLANZMAN,NORMAN,  
 GLOVER,JOHN,LEE,  
 GOLDENBERG,DAVID,BARRON,  
 GOLDMAN,SAML,  
 GONZALEZ,ALFREDO,B,  
 GOODMAN,JULIUS,M,  
 GORMLEY,JOS,JAMES,  
 GOSMAN,JAMES,HUBERT,  
 GRABER,MARTIN,J,  
 GRAFFIS,RICHARD,FRED,  
 GRAHAM,JOHN,DOUGLAS,  
 GRAHAM,WM,EUGENE,  
 GRAY,HOWARD,R,  
 GRAY,KENNETH,LEE,  
 GRAYSON,MERRILL,  
 GRAYSON,TED,LINDSAY,  
 GREEN,MORRIS,  
 GREEN,OSCAR,  
 GREENE,MORGAN,E,  
 GREGORY,ROBT,LEON,  
 GREIST,JOHN,H,  
 GRIEF,ROBT,STEELE,  
 GRIEF,JOHN,ARTHUR,  
 GRIFFIN,LESLIE,WM,  
 GRIFFITH,RICHARD,S,  
 GRIMES,EVA,M,  
 GRIMES,HUBERT,N,  
 GRISSELL,TED,LEWIS,  
 GRISSELL,TED,WOOD,  
 GROSFELD,JAY,L,  
 GROSZ,HANUS,JIRI,  
 GROVE,DEAN,ALLEN,  
 GRUBER,CHAS,M,

HABEGGER,ELMER,D,  
 HADLEY,DAVID,  
 HAGUE,JOHN,MAURICE,  
 HALBROOK,HAROLD,G,  
 HALE,BRADFORD,R,  
 HALL,JACK,HUETT,  
 HAMAKER,RONALD,CLAIR,  
 HAMBURGER,RICHARD,JAMES,  
 HAMM,CHAS,W,  
 HAMPSHIRE,DONALD,ROSS,  
 HANN,ELDON,C,  
 HANNA,THOS,ALLEN,  
 HANNAH,JOE,MICHAEL,  
 HARCOURT,ROBT,SHAW,  
 HARDING,M,RICHARD,  
 HARE,LAURA,  
 HARGER,ROBT,WM,  
 HARRIS,CARL,BENJ,  
 HARRIS,PAUL,NOEL,  
 HARVEY,VERNE,K,  
 HASEWINKEL,CARROLL,WEBER,  
 HATFIELD,NICHOLAS,W,  
 HAWK,EDGAR,A,  
 HAWK,JAMES,HUBER,  
 HAYMOND,JOS,LAYTON,  
 HAYNES,JOHN,THOS,  
 HEALEY,ROBT,J,  
 HECK,LAPRY,LEE,  
 HEDRICK,PHILIP,WM,  
 HEGEMAN,THEODORE,FAYNE,  
 HELMEN,CHAS,H,  
 HELVESTON,EUGENE,M,  
 HENDERSON,ROSCOE,C,  
 HENDERSON,TERRY,LYNN,  
 HENDRICKS,FRED,ARTHUR,  
 HENNESSEE,SAML,DENNIS,  
 HENRY,RUSSELL,SELDON,  
 HERMAN,JEAN,TUCKER,  
 HEROD,GILBERT,THOS,  
 HERRING,MALCOLM,B,  
 HEUBI,JOHN,E,  
 HIBBELN,FREDERIC,P,  
 HICKS,GEO,WM,  
 HILBURN,JEFFREY,W,  
 HILDEBRAND,WM,LEE,  
 HILL,HERBERT,NOBLE,  
 HILL,JAMES,K,  
 HILLIS,J,STANLEY,  
 HILZ,JAMES,MICHAEL,  
 HILZ,MARY,ANN CORTESE,  
 HIMELSTEIN,NATHANIEL,H,  
 HIMLER,JAMES,MURAT,  
 HITCHCOCK,LARRY,GEO,  
 HOBBS,HUDNER,L S,  
 HODEL,HARRY,LEONARD,  
 HOGAN,MICHAEL,ARTHUR,  
 HOLLAND,WM,MARTIN,  
 HOLMAN,JEROME,E,  
 HOLMAN,JEROME,E,  
 HOOD,AINSLEE,A,  
 HOPKINS,BRUCE,JORDAN,  
 HORNBACK,NED,B,  
 HORNER,TERRY,GRANT,  
 HOSTETTER,MICHAEL,G,  
 HOUSER,D,DUANE,  
 HOWARD,MARY,JANE,  
 HOWELL,JOS,D,  
 HOYT,LESTER,HAROLD,  
 HOYT,MILLARD,L,  
 HUBBARD,JESSE,D,  
 HUGHES,CHAS,EDGAR,  
 HULL,RONALD,H,

HUNT,JAMES,ANDREW,  
 HUNTER,CHAS,A,  
 HURT,LAVERNE,B,  
 HURWITZ,ROBT,MORRIS,  
 HURWITZ,ROGER,ALLEN,  
 HUSE,JOHN,  
 HUSE,PATRICIA,GAIL H,  
 HUSE,WM,MURRAY,  
 HUTSON,RICHARD,ALLEN,  
 IRVINE,WILLIAM,O,  
 IRWIN,GLENN,WARD,  
 IRWIN,PHYLLIS,R,  
 ISCH,JOHN,HARRY,  
 ISENBARGER,KARL,  
 ISENBERG,PAUL,DAVID,  
 ISKE,PAUL,GEO,  
 IVERSON,ROBERT,LOUIS,  
 JAMES,CHAS,EDWARD,  
 JANI,NATWERLAL,S,  
 JARDINE,DON,ROSS,  
 JARRETT,PAUL,EUGENE,  
 JAY,ARTHUR,NOTTINGHAM,  
 JAY,JAMES,MILTON,  
 JAY,STEPHEN,J,  
 JENKINS,JOHN,EDWARD,  
 JENKINS,ROBT,EUGENE,  
 JESSEPH,JOHN,ERVIN,  
 JEWETT,JOE,HAINES,  
 JOBES,JAMES,EPLY,  
 JOHNSON,ALBERT,C,  
 JOHNSON,CHAS,WM,  
 JOHNSON,EARL,HUNT,  
 JOHNSON,FRANK,  
 JOHNSON,JOHN,CARLTON,  
 JOHNSON,THOS,WILSON,  
 JOHNSTON,GERALD,P,  
 JOHNSTONE,DOUGLAS,F,  
 JOLLY,WALTER,WM,  
 JONES,ALLEN,WM,  
 JONES,DAVID,ERVAN,  
 JONES,FRANCIS,PAUL,  
 JONES,FREDERICK,HAVEN,  
 JONES,GORDON,CHAS,  
 JONES,PANDOLPH,  
 JONES,RICHARD,ALLEN,  
 JONES,THOMAS,A,  
 JONTZ,JON,PHILLIP,  
 JOSEPH,REX,MORRIS,  
 JOSEPHSON,DAVID,ALAN,  
 JOYNER,JOHN,ERWIN,  
 JUDD,RUSSELL,LLOYD,  
 KAHLER,MAURICE,V,  
 KAHN,ALEXANDER,JEROME,  
 KAHN,HOWARD,L,  
 KAISER,JAMES,L,  
 KALSBECK,JOHN,E,  
 KAMMEN,LEO,  
 KANE,JACK,LEE,  
 KARSELL,WM,A,  
 KATTERJOHN,JAMES,CECIL,  
 KEATING,JOHN,URICH,  
 KEBEL,ARTHUR,PAUL,  
 KEENAN,GEO,BRYAN,  
 KEENER,GERALD,THERON,  
 KELLAMS,JEFFREY,JEROME,  
 KELLEY,WM,EDWARD,  
 KENLEY,DAVID,JOHN,  
 KENNEDY,HUNTER,FELIX,  
 KENNEDY,JOS,T,  
 KENNEY,DAVID,BERNARD,  
 KERNEK,CLYDE,BALDWIN,  
 KERNER,DONALD,JOE,

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 KHAIRI, MOHAMMAD, R ABUL,  
 KIGHT, JERRY, LEE,  
 KILLEN, LARRY, RAY,  
 KIM, I, YOUNG DAI,  
 KIM, KIL, CHOL,  
 KING, HAROLD,  
 KING, JOS, P,  
 KING, LEROY, HARRY,  
 KING, MICHAEL, STEVEN,  
 KING, ROBT, D,  
 KINGSBURY, DAVID, HOMER,  
 KIRKHOFF, PAUL, JOS,  
 KIRTLEY, WM, R,  
 KISSEL, WESLEY, ALLEN,  
 KLAIN, BENJ, V,  
 KLATTE, EUGENE, C,  
 KLEIN, JOHNNY, CARL,  
 KLEIT, STUART, ALLEN,  
 KLUTINOTY, GEO,  
 KOHLSTAEDT, KARL, C,  
 KOHLSTAEDT, KENNETH, G,  
 KOLAR, OLDRICH, J,  
 KONKLE, AMY, D MC KAY,  
 KOOKER, JOHN, E,  
 KOONS, KARL, M,  
 KOPECKY, ROBT, RAY,  
 KORNAFEL, LADDIE, HENRY,  
 KOURANY, EDGAR,  
 KOURANY, OSCAR,  
 KRAFT, BENNETT,  
 KP IEL, WM, B,  
 KRYSZEK, STANLEY, HENRY,  
 KUNTZ, HERMAN, WM,  
 KURLANDER, GERALD, JAY,  
 KURTZ, PHILIP, LOUIS,  
 KURTZ, RICHARD,  
 KWITNY, ISADORE, JACOB,  
 LA DINE, CLARENCE, B,  
 LAMB, EMMETT, B,  
 LAMB, RUSSELL, WALTER,  
 LAMBER, CHET, KELLER,  
 LAMKIN, EUGENE, HENRY,  
 LAMPTON, LAWRENCE, M,  
 LANDWEHR, ALFONS,  
 LANE, C, ELAINE LASHLEY,  
 LANG, JAY, WM,  
 LAPP, MICHAEL, ERWIN,  
 LARGAESPADA, MANUEL,  
 LASICH, ANTHONY, R,  
 LAUTZENHEISER, RICHARD, L,  
 LAWRENCE, JAMES, MELTON,  
 LAWSON, ALLAN, JOHN,  
 LEATHERMAN, HARTER, L,  
 LEE, DOMINGO, KING,  
 LEE, LORIN, LESLIE,  
 LEFFEL, JAMES, M,  
 LEFFLER, WM, T,  
 LEHMAN, EVAN, LYNN,  
 LESER, RALPH, ULRICH,  
 LESHNOWER, ALAN, C,  
 LEVI, LEON,  
 LEWIS, PAUL, STANLEY,  
 LEWIS, R, EARL,  
 LICHTENBERG, MELVIN,  
 LIDIKAY, EDWARD, C,  
 LIEBSCHUTZ, NORMAN, HELFT,  
 LINDENBORG, PAUL, GUSTAV,  
 LINDSETH, RICHARD, E,  
 LINGEMAN, RALEIGH, E,

LINK, GOETHE,  
 LITTLEFIELD, PAUL, ARTHUR,  
 LITTLEFIELD, SHIRLEY, D,  
 LLOYD, FRANK, P,  
 LO SASSO, ALVIN, M,  
 LOCKE, ROBT, ALLEN,  
 LOGAN, PATRICK, CLIFFORD,  
 LORD, GLENN, CLOVIS,  
 LORD, THOS, JOS,  
 LOUDEN, ROBT, W,  
 LOVALL, LARRY, D,  
 LOVE, GEO, NEWTON,  
 LOWE, JOHN, CHARLES,  
 LOWES, DONALD, RAY,  
 LOZOW, DAVID,  
 LUCAS, CLARENCE, A,  
 LUGINBILL, HOWARD, M,  
 LUKEMEYER, GEO, T,  
 LUNSFORD, THOS, EUGENE,  
 LUROS, JOHN, THEODORE,  
 LYBROOK, WM, B,  
 LYNN, GENE, EDISON,  
 MAC DOUGALL, JOHN, D,  
 MAC WILLIAMS, ROBT, HAMILL,  
 MACKENZIE, VERONICA,  
 MACKKEY, JOHN, EDWARD,  
 MADDEN, ROBT, JOHN,  
 MADTSON, ALFRED, R,  
 MADURA, JAMES, ANTHONY,  
 MAGLINTE, DEAN, D T,  
 MALACHOWSKI, ROBT, MICHAEL,  
 MALIK, MUHAMMAD, IQBAL,  
 MALONEY, CHARLES, D,  
 MAMMEN, HAROLD, W,  
 MANDEL, DARREL, SHELDON,  
 MANDELBAUM, ISIDORE,  
 MANDERS, KARL, L,  
 MANION, MARLOW, WM,  
 MANN, MORTIMER,  
 MANNING, K, RANDCLPH,  
 MANZIE, MICHAEL, S,  
 MARHENKE, JON, DAVID,  
 MARKS, JOHN, SCOTT,  
 MARKSTONE, DAVID, HAROLD,  
 MARSH, CARL, M,  
 MARTIN, FREEMAN,  
 MARTIN, LOREN, HAROLD,  
 MARTZ, BILL, L,  
 MARTZ, CARL, D,  
 MASBAUM, NED, PAUL,  
 MASCHMEYER, ROBT, HENRY,  
 MASTERS, JOHN, MELVIN,  
 MATTHEWS, WM, M,  
 MAXAM, BEVERLY, TRENT,  
 MAXSON, ROY, VERNON,  
 MC AREE, FRANCIS, EDWARD,  
 MC CALLUM, DONALD, CAREY,  
 MC CALLUM, JAMES, JOS,  
 MC CARTHY, LEO, JOS,  
 MC CARTNEY, DONALD, H,  
 MC CLAIN, EDWIN, S,  
 MC CORD, GEO, ELLIOTT,  
 MC DANIEL, EDWIN, CORR,  
 MC DOUGAL, BUD, HOLLAND,  
 MC ELROY, JAMES, THOS,  
 MC GARVEY, WILLIAM, K,  
 MC GRAW, WM, ELMER,  
 MC INTYRE, JAMES, MURRAY,  
 MC KINLEY, A, DAVID,  
 MC LAREN, DANL, EDWARD,  
 MC NUTT, CYRUS, CHARLES,  
 MC QUISTON, RALPH, J,

MC QUISTON, ROBT, DOUGLAS,  
 MEADE, DONNA, JOAN,  
 MEALEY, JOHN,  
 MEGENHARDT, DENNIS, S,  
 MELIN, JOHN, R,  
 MELTON, MARVIN, EUGENE,  
 MENCAS, LEON, A,  
 MENTENDIEK, MARY, ANN,  
 MERCHO, JEAN, PHARAON,  
 MERICLE, EARL, WM,  
 MERRITT, ARTHUR, D,  
 MERSHON, JACK, B,  
 MERTZ, JOHN, HENRY O,  
 MESHBERGER, FRANK, LYNN,  
 MICHAEL, ISAAC, ELDREW,  
 MIDDLETON, HARVEY, N,  
 MIKULASCHEK, WALTER, M,  
 MILLER, DENNIS, WARREN,  
 MILLER, FRANK, HINER,  
 MILLER, JERRY, ALLEN,  
 MILLER, JERRY, ROLAND,  
 MILLER, JOHN, DAVID,  
 MILLER, L, HOYT,  
 MILLER, ROSCOE, E,  
 MILLER, STEPHEN, THOS,  
 MOAK, GLENN, D,  
 MOE, JOHN, FREDRICK,  
 MONN, LARRY, NEIL,  
 MONTOYA, HENRY, ELMER,  
 MOORE, DONALD, FLOYD,  
 MOORE, HAROLD, T,  
 MOORE, THOMAS, S,  
 MOORE, THOS, O,  
 MOORES, WM, BRADLEY,  
 MOOSEY, NEALE, ANTHONY,  
 MORAN, THOS, EDWARD,  
 MORETTO, THOS, JAMES,  
 MORGAN, MARGARET, ELAINE,  
 MORGAN, ROBT, JOS,  
 MORIARTY, JOHN, ROBT,  
 MORRISON, ANDREW, LEWIS,  
 MORRISON, LEWIS, E,  
 MORSE, ROBT, PETER,  
 MORTON, JOS, LEWIS,  
 MORTON, PHILIP, MONROE,  
 MORTON, WALTER, PHILLIPS,  
 MOSBAUGH, PHILLIP, GEO,  
 MOSER, ROLLIN, HENRY,  
 MOSS, BOBBY, LEE,  
 MOSS, HARLAN, B,  
 MOSS, HERSCHEL, C,  
 MOTHERSILL, MARK, HENRY,  
 MOUSER, ROBT, WINSTON,  
 MULLEN, JAMES, B,  
 MULLER, LULLUS, PETER,  
 MULLER, PAUL, FREDERICK,  
 MULLER, VICTOR, H,  
 MULLINIX, F, MICHAEL,  
 MURALI, MAGARAL, S,  
 MURRAY, RAYMOND, HAROLD,  
 MYERS, CHAS, WESLEY,  
 MYERS, ROY, VERN,  
 NAGAN, ROBT, FRANCIS,  
 NASSER, WM, KALEEL,  
 NATION, ROBT, DARRELL,  
 NAVARRO, CASIMIRO, PERALTA,  
 NAY, RICHARD, MARION,  
 NEED, DAVID, JOHN,  
 NEED, LOUIS, T,  
 NEED, RICHARD, LOUIS,  
 NESTER, HENRY, G,  
 NEWMAN, DANL, MARQUETTE,

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NG, ANASTACIO, C,  
 NICELY, PAULETTE, ANN G,  
 NICHOLAS, DENNIS, J,  
 NIE, LOUIS, WM,  
 NOHL, JOHN, MARTIN,  
 NOLIN, RICHARD, THOS,  
 NORDSCHOW, CARLETON, D,  
 NORINS, ARTHUR, LEONARD,  
 NORMAN, WILLIAM, H,  
 NORRIS, MAX, S,  
 NOURSE, MYRON, H,  
 O'BRIAN, EARL, J,  
 OCHSNER, HAROLD, CONRAD,  
 OEI, TJIEN, OEN,  
 OFFUTT, ANDREW, CARROLL,  
 OLDHAM, KATHLEEN, BROUGH,  
 OLVEY, OTTIS, NIEL,  
 OLVEY, STEVEN, EARL,  
 ONYETT, HAROLD, R,  
 OPPENHEIM, BERNARD, E,  
 OVERLEY, TONER, MORTON,  
 OWEN, JOHN, ELBA,  
 OWENS, TRACY, CLIFTON,  
 PAGE, OLIVER, WENDELL,  
 PALMER, ROBERT, M,  
 PALMER, ROBT, W,  
 PANTZER, JOHN, GEO,  
 PARK, HEE, MYUNG,  
 PARKER, GEO, FRANCIS,  
 PARKER, JOHN, FRANCIS,  
 PARKS, HERBERT, EUGENE,  
 PARR, ROBT, LOWELL,  
 PATEL, BIPINCHANDRA, A,  
 PAUSZEK, ROBT, BRUCE,  
 PAYNTER, MORRIS, BURTON,  
 PAYNTER, WM, T,  
 PAZ PINEDO, JUAN, A,  
 PEARCE, ROBT, MICHAEL,  
 PEARSON, JACK, WILLARD,  
 PEARSON, JOHN, STROTHER,  
 PEARSON, LYMAN, REES,  
 PECK, FRANKLIN, B,  
 PECK, FRANKLIN, BRUCE,  
 PEDEN, EMMA, JANE,  
 PEIRCE, JAMES, D,  
 PEREZ, CESAR, EDELBERTO,  
 PERRIN, NELLJEAN,  
 PETRANOFF, THEODORE, V,  
 PETRIN, THOS, JOHN,  
 PFAFF, DUDLEY, A,  
 PHILLIPS, DAVID, LEE,  
 PICKETT, ROBT, D,  
 PIERCE, EMMETT, C,  
 PILE, STAFFORD, WALLACE,  
 PITTMAN, JOHN, NORMAN,  
 PLAUTZ, JOSEPH, WHEELER,  
 PONTIUS, EDWIN, EUGENE,  
 POPPLEWELL, ARVINE, G,  
 POULOS, WARD, ELIAS,  
 POWELL, RICHARD, CINCLAIR,  
 PRATT, GEORGE, B,  
 PRIBBLE, ROBT, HOWARD,  
 PRICE, DAVID, WILDE,  
 PRICE, FRANCIS, W,  
 PRICE, JAMES, OWEN,  
 PROCHOROFF, NICHOLAS,  
 PRYOR, RICHARD, C,  
 QAZI, HAROON, MOHAMMAD,  
 QUIGLEY, GEO, JOS,  
 QUIGLEY, JOS, WM,

RABB, HARRY, SOLOMON,  
 RABER, ROBT, M,  
 RADEMACHER, WADE,  
 RAGAN, WM, D,  
 RAMAGE, WALTER, FRANCIS,  
 RAMSEY, FRANK, BANTA,  
 RANDOLPH, JOSEPH, C,  
 RAO, CHALAPATHI, C,  
 RAPP, GEORGE, F,  
 RAWLS, GEO, HOSEA,  
 RAY, CARL, STEWART,  
 RECINTO, ANTONIO, RECIO,  
 REDDY, RAMACHANDRA, K,  
 REECK, CLAUDE, C,  
 REED, PHILIP, BYRON,  
 REED, ROBT, G,  
 REED, THOS, EVAN,  
 REES, RUSSEL, C,  
 REGENSTREIF, I, J,  
 REID, CHAS, ALBERT,  
 REITZ, LAWRENCE, ALBERT,  
 REYES, NESTOR, C,  
 RICE, FREDERIC, A,  
 RICE, RAYMOND, DALTON,  
 RICE, RAYMOND, M,  
 RICE, RONALD, B,  
 RICH, RICHARD, BUDGE,  
 RICHTER, ARTHUR, B,  
 RIDGE, FREDERICK, RAY,  
 RIGG, JOHN, FLOYD,  
 RILEY, THOS, WAYNE,  
 RINER, JACK, KEITH,  
 RITCHEY, JAMES, OSCAR,  
 RITTER, MERRILL, A,  
 RITTER, WAYNE, LOCKWOOD,  
 RIVERA, HECTOR, P,  
 ROACH, EUGENE, GAYLE,  
 ROBB, JOHN, ALTON,  
 ROBERTS, WARREN, CHAS,  
 ROBINSON, EARLE, URIAH,  
 ROBINSON, ROBT, DAWSON,  
 ROBINSON, ROBT, JOHN,  
 ROCHLIN, ISIDORE,  
 ROESCH, RYLAND, PAUL,  
 ROESKE, NANCY, C ARNOLD,  
 ROGERS, DONALD, LEE,  
 ROGERS, ROBERT, E,  
 ROGERS, THOS, PERRETTE,  
 POGGE, JAMES, DELBERT,  
 ROHN, ROBT, J,  
 ROMBERGER, FLOYD, T,  
 ROSENAK, BERNARD, DAVID,  
 ROSENBAUM, IRVING,  
 ROSENBERG, GABRIEL, JOS,  
 ROSS, EDWARD,  
 ROTH, BERTRAM, STANLEY,  
 ROTHBAUM, DONALD, ALAN,  
 ROUDEBUSH, CORBIN, P,  
 ROUHANA, RODOLPH,  
 ROUSHDI, HUSSEIN, ALI,  
 ROWE, GEO, ANTHONY,  
 RUDELL, KEITH, RICHARD,  
 RUDESILL, ROBT, LOUIS,  
 RUSHMORE, CHAS, HENRY,  
 RUSK, BARTON, JAY,  
 RUSSELL, DONALD, E,  
 RUSSELL, JOHN, ROBT,  
 RUST, BYRON, KENNETH,  
 RUST, ROLAND, B,  
 RYAN, GLEN, V,  
 RYU, CHI, YOL,  
 SABENS, JAMES, ALBERT,

SAGALOWSKY, ARTHUR, I,  
 SAGALOWSKY, HOWARD, SIDNEY,  
 SALES, AVELINO, T,  
 SALOMON, JAIME, A,  
 SANDERS, FRED,  
 SANDERS, HARRY, MUNFORD,  
 SANTOS, FRANCISCO,  
 SATO, TAKUYA,  
 SAUER, JOHN, BERNARD,  
 SCHAFFER, EDWARD, V,  
 SCHECHTER, JOHN, S,  
 SCHEIDLER, JAMES, A,  
 SCHEIER, EMIL, WM,  
 SCHLAEGEL, THEODORE, F,  
 SCHLEGEL, DONALD, M,  
 SCHMALHAUSEN, ANSEL, WAYNE,  
 SCHMETZER, ALAN, DAVID,  
 SCHMIDT, PAUL, EDGAR,  
 SCHNEIDER, PAUL, A,  
 SCHNUTE, RICHARD, B,  
 SCHOEN, FREDERIC, L,  
 SCHROEDER, JAMES, EDWIN,  
 SCHULTHEIS, RICHARD, LEE,  
 SCHUMACHER, RICHARD, R,  
 SCHUSTER, DWIGHT, WM,  
 SCHWARZ, ANTON, JOS,  
 SCOFIELD, JOHN, B,  
 SCOTT, GEO, EVERETT,  
 SCOTT, IVAN, WINFIELD,  
 SCOTT, JOHN, RICHARD,  
 SCOTT, PETER, L,  
 SCOTT, SAML, LOGAN,  
 SEAMAN, CHAS, FRANCIS,  
 SEARIGHT, JOHN, LEWIS,  
 SEDAM, HERBERT, L,  
 SELLMER, GEO, WM,  
 SENTANY, MARKI, S,  
 SER VAAS, CORENA, SYNHORST,  
 SERRANO, EDWARD,  
 SEXSON, HIRAM, TETRICK,  
 SHAFER, MARION, RUSSELL,  
 SHAH, NALIN, M,  
 SHANAFELT, DONALD, K,  
 SHAPIRO, BURTON, J,  
 SHEEHAN, FRANCIS, G,  
 SHELLEY, RICHARD, JOS,  
 SHERSTER, HARRY,  
 SHIPLEY, EDWARD, CHAS,  
 SHUMACKER, HARRIS, B,  
 SICKS, OKLA, WILBUR,  
 SIDDIQUI, ASLAM, R,  
 SIDEBOTTOM, EARL, W,  
 SIDERYS, HARRY,  
 SIGMOND, HARVEY, W,  
 SILBERT, ROBT, KIM,  
 SILVA, CARLOS, A,  
 SILVER, RICHARD, ARNOLD,  
 SIMMONS, JAMES, EDWIN,  
 SIMMS, J, LEON,  
 SIMS, J, LAWRENCE,  
 SINGER, MARK, I,  
 SINGH, URMILA,  
 SINKOVIC, GERALD, MATHIAS,  
 SLICHENMYER, JACK, ELLIS,  
 SLUSS, DAVID, H,  
 SMALL, IVER, FRANCIS,  
 SMITH, DAVID, LESLIE,  
 SMITH, HOPE, C,  
 SMITH, JAMES, WARREN,  
 SMITH, JERROLD, REX,  
 SMITH, JOHN, ARTHUR,  
 SMITH, RAY, C,

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SNIDER, BYRON,  
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SOBAT, WILLIAM, SAMUEL,  
SOPER, HUNTER, ALEXANDER,  
SORIA-NAVARRO, CORAZON, E,  
SOTOLONGO, ELADIO,  
SOULE, MARY, A,  
SOUTER, MARTHA, CHANDLEY,  
SOVINE, JOE, W,  
SPAHR, JOHN, FRANKLIN,  
SPALDING, JOS, JOHN,  
SPARKS, ALAN, LEO,  
SPENCE, MICHAEL, B,  
SPITZBERG, DANL, HARVEY,  
SPOLYAR, LOUIS, WM,  
SPURGEON, CHARLES, HADDON,  
SPURGIN, GREGORY, ALLAN,  
SPUTH, CARL, BROSIUS,  
STADLER, HAROLD, E,  
STANSBURY, WM, EDWARD,  
STAYTON, CHESTER, A,  
STEELE, RONALD, EDWARD,  
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STEICHEN, JAMES, BAPTISTE,  
STEIN, MARK, H,  
STEINKELER, STEVEN, M,  
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STEPHENS, ROBT, WAYNE,  
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STOELTING, VERGIL, K,  
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STONE, DAVID, FRED,  
STONE, WM, MAURICE,  
STORER, WM, R,  
STOREY, D, EDMUND,  
STRANG, WM, C,  
STRANGE, PAUL, S,  
STREETER, RALPH, T,  
STRICKLAND, JAMES, W,  
STRICKLAND, NEIL, RICHARD,  
STROUD, PAUL, E,  
STUCKY, ELSWORTH, KEENE,  
STUMP, LOYD, K,  
STUMP, THOS, ALBERT,  
SUELZER, JOHN, G,  
SUESS, ROBT, EDWIN,  
SULLIVAN, JAMES, JERRY,  
SUMMERLIN, JACK, D,  
SUMRALL, ARTHUR, JAMES,  
SURRETT, MARY, A NORRIS,  
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SZYNAL, JOHN, S,  
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TAVEL, MORTON, EDWARD,  
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TAYLOR, HAROLD, FRANK,  
TEAGUE, FRANK, W,  
TEIXLER, VICTOR, A,  
TERPSTRA, WILLIAM, G,

TEST, CHAS, EDWARD,  
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THATCHER, HUGH, K,  
THOMAN, REX, LEROY,  
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THOMAS, CHAS, RICHARD,  
THOMAS, EDWARD, PAUL,  
THOMAS, FRED, ARVELLE,  
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THOMAS, MORRIS, E,  
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TOFAUTE, JOHN, L,  
TONDRA, JOHN, MICHAEL,  
TORD, JOSE, N,  
TOWNLEY, NORMAND, THOS,  
TRAINER, TOM, FRANK,  
TRUDGEN, SPENCER, FOLLIOTT,  
TRUSLER, HAROLD, MARSHALL,  
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TUCKER, WARREN, SAML,  
TUMULURI, V, S,  
TURRELL, EUGENE, SNOW,  
TUSHAN, FAYEZ, S,  
TWENTY, JOHN, DOUGLAS,  
TYNER, HARLAN, HOWARD,  
TZUCKER, JOHN,  
ULLOM, RALPH, B,  
VAN CAMPEN, WARREN, MILTON,  
VAN FLEET, JOSEPHINE,  
VAN HOEK, ROBT,  
VAN HOVE, EUGENE, DENNIS,  
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VAN TASSEL, CHAS, J,  
VAN VACTOR, HELEN, DARE,  
VANDIVIER, JAMES, M,  
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VEATCH, RONALD, I,  
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VINICOR, FRANK,  
VIX, VERNON, A,  
VOLLRATH, VICTOR, JOHN,  
VON DER HAAR, GERARD, A,  
VORE, ROBT, E,  
WAGNER, VIRGINIA, MEADE,  
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WARNER, T, MAX,  
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WASHINGTON, WILBERT,  
WASS, JUSTIN, LEO,  
WATERS, GEO, EDWARD,  
WATSON, STEPHEN, CLAIR,  
WEAVER, DOROTHY, EMILY,  
WEBB, MICHAEL, KEITH,  
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WELLMAN, HENRY, NELSON,  
WEST, JOS, L,

WESTERFIELD, LARRY, H,  
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WILLIAMS, HUGH, L,  
WILLIAMS, JAMES,  
WILLIAMS, PAUL, DRAKE,  
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WIREY, HAROLD, RAY,  
WISE, WM, R,  
WOERNER, LAUREL, JEAN,  
WOERNER, THOS, EDWIN,  
WOLF, HARRY, COHEN,  
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WOOD, DONALD, E,  
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WORKMAN, FRANK,  
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WORTH, ROBT, MILTON,  
WRIGHT, JOS, WM,  
WRIGHT, JOS, WM,  
WU, L Y, FRANK,  
WURSTER, RICHARD, EDMUND,  
WYTTENBACH, JOHN, EDWARD,  
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YAW, PETER, BARNETT,  
YINGLING, ROBT, JAMES,  
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YOUNG, JOHN, MC CONNELL,  
YOUNG, JOHN, T,  
YOUNG, STEVEN, ROBT,  
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ZELL, EVERTSON, HYLE,  
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ZERFAS, PHYLLIS, K CATT,  
ZIENCE, JOHN, ALAN,  
ZIMMER, JOHN, FREDRICK,

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MAC LEOD, DONALD, F,

PETERSON, RONALD, L,  
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DE LEON, EDILBERTO, S,  
FARAG, RAFIK, S FOUAD,  
FERRARA, DONALD, WM,  
FERRARA, SAML, J,  
GATZIMOS, CHRISTOS, D,  
GUTHRIE, JAMES, U,  
HILL, LLOYD, LEONH,  
HO, CHI-YUN,  
MALOUF, STEPHEN, DAVID,  
RENDEL, HAROLD, EUGENE,  
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SIXBEY, MAURICE, DEAN,  
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BAIRD, MALCOLM, KEITH,  
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BYLLESBY, JOYCE, ELAINE,  
DAUGHERTY, FRED, NEWTON,  
DODDS, WEMPLE,  
EGGERS, RICHARD, ROY,  
FOLTZ, JACK, LLOYD,  
GARVISH, JOHN, FRANKLIN,  
HOWLAND, CARL, BRUCE,  
KINDELL, HURSCHELL, D,  
KIRTLEY, JAMES, MARION,  
LUDWIG, PAUL, EDWARD,  
MILLIS, SAML, CLARK,  
PATRON, LEONARDO, A,  
PEACOCK, NORMAN, F,  
PERALTA, JOSE,  
RICHARDS, EDGAR, ELVIN,  
SHANNON, WESLEY, EUGENE,  
STEPHENS, JAMES, PICKARD,  
THOMPSON, CLAUDE, N,  
VIRAY, VICTORIANO, G,  
WARBINTON, FRED, PHILLIP,

#### MORGAN

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BRUBECK, ROBT, EUGENE,  
DRAKE, ELLERY, THEODORE,  
EISENBERG, DAVID, A,  
GRAY, LEON,  
HARDIN, STEPHEN, LEE,  
HEAVRIN, JOHN, SLOAN,  
JONES, WM, HOWARD,  
KENDRICK, WM, M,  
MILLER, RAY, DONALD,  
MILLER, ROBT, JOHN,  
OSTHEIMER, GEO, JAMES,  
REYNOLDS, JOHN, L,  
STEELE, LOWELL, R,  
TUASON, LEONORIO, BERSAMIN,

TURNER, MAURICE, A,  
VAN WIENEN, JOHN,  
WILSON, OLIVER, R,  
WINTER, WM, PERRY,  
WITHAM, RICHARD, STEVEN,

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JARDENIL, ROMULO, S,  
PARKER, JOHN, CARL,  
SCHOONVELD, ARTHUR,

#### NOBLE

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CHANDLER, JAMES, DUNCAN,  
FIPP, AUGUST, LORENZ,  
FITZKEE, WM, ELWOOD,  
GREENLEE, JOS, ALAN,  
HEPNER, HERMAN,  
HOOKER, DONALD, J,  
MESSER, FRANK, WILBURN,  
PATEL, MANUBHAI, P,  
PULSKAMP, BERTRAND, H,  
RAMSEY, JOHN, EDWARD,  
SNEARY, MAX, EUGENE,  
STALLMAN, CARL, F,  
STONE, ROBT, CHAS,

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HAGAN, MARION, LUTHER,  
HODGIN, PHILLIP, THOS,  
MC CALLA, CHAS, X,  
MOSEMAN, LUKE, B,  
NOFZIGER, TERRY, LEE,  
SCHOOLFIELD, WM, EARL,  
SHELLENBERGER, WALLACE, A,

#### OWEN-MONROE

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ANDERSON, WM, ROBBLEE,  
BAXTER, NEAL, E,  
BELLIS, STEPHEN, LAWRENCE,  
BIDNEY, EVELYN, BRESLIN,  
BISHOP, MICHAEL, DARYL,  
BOMBA, BRAD, JOS,  
BOOZE, JAMES, H,  
BORLAND, RAYMOND, MILTON,  
BROWN, ARLIN, EDWARD,  
BROWN, MARCEL, SINCLAIR,  
BUCK, RODGER, LEWIS,  
BUCKINGHAM, RICHARD, E,  
BYRNE, DAVID, ALLEN,  
CAMPBELL, WM, THOS,  
COFIELD, DONALD, DEAN,  
COONS, FREDERICK, WM,  
CRANE, DAVID, GOODRICH,  
CREEK, JEAN, A,  
CRON, WM, JAMES,  
CURETON, EDWARD, ERVINE,  
DALTON, NAOMI, LUCILLA,  
DOSTER, STERLING, EUGENE,  
ELLIS, CHAS, ROBT,  
EMERY, CHARLES, B,  
ESTES, AMBROSE, C,  
FARMER, CHAS, ROBT,  
FARR, JAMES, CURRY,  
FERGUSON, JAMES, F,

FOWLER, RICHARD, ROSS,  
FUGELSO, ERLING, SVERRE,  
GANJI, NASSER,  
GEIGER, DILLON, D,  
GRIFFITH, JOEL, HAROLD,  
HABBE, TIMOTHY, ALAN,  
HADDAWI, RAJIH, Y,  
HAMMER, JAY, WM,  
HENRICH, CARTER, F,  
HOLTZCLAW, DAVID, LESLIE,  
HOLTZMAN, PAUL, WM,  
HOWARD, WM, FRANK,  
HRISOMALOS, FRANK, N,  
ILLMAN, DWAIN, CLARK,  
JASTREMSKI, CHESTER, A,  
JOHNSON, MICHAEL, LEWIS,  
LA FOLLETTE, JAMES, WARREN,  
LEE, RICHARD, V,  
LEWALLEN, STEVEN, ISAAC,  
LEWIS, GEO, NORWOOD,  
LEY, GLEN, DAVID,  
LINK, WM, C,  
MACATANGAY, EDELINO, L,  
MANIFOLD, HAROLD, MORRIS,  
MATHER, GLENN, BURTON,  
MATTHEWS, LELAND, RAY,  
MC CLARY, CHAS, WENDELL,  
MC INTIRE, CLARENCE, R,  
MEGREMIS, THEODORE, L,  
MIDDLETON, THOS, O,  
MILAN, JOS, F,  
MITCHELL, JAMES, PAUL,  
MORFORD, GUY,  
NICE, WM, ARCHIE,  
OWENS, RICHARD, LEE,  
OWENS, WALTER, LEE,  
PIZZO, ANTHONY,  
POOLITSAN, GEO, CHRIS,  
PUGH, WM, ROBT,  
RAK, RICHARD, ALAN,  
RAMSEY, HUGH, SMITH,  
RATTS, LARRY, DEAN,  
RAY, JAMES, ANTHONY,  
REIMERS, ROGER, ALLEN,  
REZVAN, NADER,  
RICHEY, ROBT, WM,  
RIEGER, IRWIN, TAYLOR,  
RINK, LAWRENCE, DONALD,  
ROBISON, ROGER, FRANK,  
ROLLINS, THOS, K,  
ROSE, ROBT, E,  
ROSS, BEN, RICHARDSON,  
RUFF, JERARD, GOEKE,  
SCHAFFER, JAMES, JOHANNES,  
SCHECHTER, JOHN, STEPHEN,  
SCHELL, HARRY, RICHARD,  
SCHILLING, RICHARD, J,  
SEAGLE, WM, COURTNEY,  
SHAHBAHRAMI, FARROKH,  
SHARP, THOS, WAYNE,  
SIBBITT, JOS, WM,  
SILBERT, MICHAEL, ZALMAN,  
SMITH, HERSCHEL, S,  
SNYDER, CLYDE, REID,  
SOMERS, ALAN, BROUNELL,  
SPENCER, BEAUFORT, A,  
STANGLE, WM, J,  
SURIAN, MICHAEL, ANDREW,  
TANNER, MARTHA, H,  
TINIO, WILFRIDO, MORA,  
TOPOLGUS, JAMES, N,  
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WAY, JAMES, ALFRED,  
WEBER, WILLIAM, E,  
WELLS, BARBARA, D,  
WENZLER, PAUL, JORDAN,  
WHITE, JOHN, PHILIP,  
WISEN, MARK,  
WRENN, ROBT, EMMETT,  
YOUNGMAN, JAMES, DOUGLAS,

PARKE-VERMILLION

ALEXANDRESCU, GHEORGHE,  
BLOOMER, RICHARD, SAML,  
BRITTON, WELBON, DUNLAP,  
DWYER, DANL, JOS,  
EVANS, FREDERICK, J,  
FELICIANO, ELPIDIO, G,  
GUHA, DURGA, DAS,  
HARSTAD, CASPER,  
HERZBERG, MILTON,  
KEMPF, GERALD, FIDELIS,  
MONTECILLO, ANTOLIN, M,  
NICHOLAS, THOS, DAVID,  
SWAIM, J, FRANKLIN,

PERRY

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LOHOFF, LEWIS, C,  
NEIFERT, NOEL, L,  
RESS, GENE, EDWIN,  
SMITH, FRED,  
WARD, ROBT, ANDERSON,

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VOGEL, LAWRENCE, JOHN,  
WOODS, ARBA, LEONARD,

PORTER

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AZAR, GEO, ALFRED,  
BABCOKE, GARY, ALLEN,  
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BLACK, KENNETH, A,  
BLANDO, ULDARICO, BRINGAS,  
BROWN, JAMES, RICHARD,  
COHEN, HYMAN, LEWIS,  
COVEY, THOS, JAMES,  
COVINGTON, CONSTANCE, JOAN,  
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DAVIS, CARL, MARLOW,  
DE GRAZIA, EUGENE, JOS,  
DELUMPA, RUSTICA, Y CARLOS,  
DELUMPA, VINCENTE, PALMA,

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DITTMER, THOS, LYLE,  
DY, JAMES, T,  
DY, JULEY, TEMBRINA,  
EVANS, DANL, RICHARD,  
FARAHMAND, FIROUZ,  
FORCHETTI, JOHN, ANTHONY,  
FRANK, JOHN, RAY,  
GALLINATTI, JOHN, JOS,  
GATES, GEO, GREGORY,  
GOLD, MARVIN, E,  
GORDON, JOS, LESTER,  
GREEN, LEONARD, JUDSON,  
GRIFFIN, CHAS, G,  
GRIFFIN, JOS, PATRICK,  
HALL, THOS, CHAS,  
HANSEN, NIKOLAS, FORBES,  
HARLESS, CLARENCE, MINOR,  
HOHAM, FREDERICK, DIXON,  
HOLWERDA, HARRY, LEE,  
HULL, JOEL, IRVIN,  
JAHNS, ALBIN, A,  
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KIMMEL, LOUIS, EDMUND,  
KINGMA, ROY, ELMER,  
KOBAK, ALFRED, JULIAN,  
KOENIG, ROBT, LOUIS,  
KONICKE, THOS, PHILLIP,  
KU, MARSHALL, JU-CHUAN,  
LAI, NAN, YER,  
LANDS, ROBT, MASON,  
LAW, YU, HONG,  
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MAKOVSKY, THEODORE,  
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O'NEILL, MARTIN, JAMES,  
OLSON, L, DALE,  
ONG, TIONG, GIOK,  
OSTER, JACK, H,  
PANGAN, ZANITA, S,  
PATHEJA, SURJIT, SINGH,  
PONCHER, JOHN, ROBERT,  
PORACKY, BERNARD, F,  
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READ, JOHN, E,  
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SACRIS, MARIA, ORCHID M,  
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SISON, EDUARDO, VENTENILLA,  
SORKIN, SHEILA, W,  
STOLTZ, ROBT, M,  
STURDEVANT, FRANK, MOXLEY,  
SUN, CHEN, TUNG,  
TAYLOR, JAMES, EDWARD,  
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TUFECIOGLU, ERDOGAN,  
VERDE, HORACIO, V,  
WOODWARD, WM, M,  
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YLAGAN, LUIS, B,

PULASKI

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NAZARENO, NATIVIDAD, G,  
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TSENG, CHE-LU,

PUTNAM

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GLOCK, HUGH, EDWIN,  
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LARKIN, GREGORY, NEIL,  
MARVEL, ROBT, J,  
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SMITH, A, WILSON,  
VEACH, LESTER, WARDLAN,  
VEACH, RICHARD, LESTER,  
VIEIRA, JOSE, THOS,  
WISEMAN, EARLE, VANNOY,

RANDOLPH

CHAMBERS, CAROL, RUDOLPH,  
CHAMBERS, LEROY, BAKER,  
DININGER, WM, STRAUGHN,  
KOCH, HOWARD, W,  
LEAHEY, JEROME, MARTIN,  
MIRANDA, CONRADO, R,  
PAINTER, LOWELL, WALTER,  
PHIPPS, LELAND, K,  
PORTER, ROBT, A,  
PYLE, SUSAN, K,  
REID, ROBT, WM,  
SHALLENBERGER, HENRY, R,  
SLICK, CRYSTAL, RAY,  
SPARKS, PAUL, WIN,  
VILLA, FLORENCIO, CASTILLO,  
WAGONER, BILLY, D,  
WHITE, HARVEY, E,

RIPLEY

DAFTARY, ALI, AKBAR,  
GARCIA, MANUEL, GENETA,  
HANSEN, J, MICHAEL,  
JAOJOCO, ARMANDO, E,  
LIBUNAO, ARTEMIO, SANTOS,  
MC CONNELL, WM, CHAS,  
PARAS, JOSE, LINGKOD JUANE,  
ROW, GEO, SAML,  
WARN, WM, JOHN,

RUSH

ATKINS, CLARENCE, C,  
CONNERLY, PATRICK, WM,  
DEAN, DONALD, IRVIN,  
ELLIS, DAVIS, W,  
GREEN, FRANK, HAROLD,  
MC KEE, HARRY, G,  
NUTTER, WYNDHAM, HUNT,  
REYES, ORCONIO, J,  
WORTH, CLARENCE, W,

SCOTT

BACALA, JESUS, C,  
CASTRO, IGNACIO, B,  
DANCEL, MANUEL, TOMAS,

HAICK, EDWARD,  
KHO, EUSEBIO, C,  
MC CLAIN, MARVIN, LEVI,  
ROBERTO, BENJ, V,  
SCOTT, WM, MOUNT,

#### SHELBY

ABELEDA, LAMBERTO, VILLAS,  
ARATA, LUCIAN, ALPHONSUS,  
BANGUIS, ELISEO, TAMOLA,  
BANGUIS, LUCIA, PASILABBAN,  
DALTON, WILSON, L,  
DAVIS, JOHN, ALEXANDER,  
DEUPREE, WM, DWIGHT,  
GOLDYN, RICHARD, ALAN,  
INLOW, PAUL, MARTYN,  
INLOW, ROBT, PIERSON,  
INLOW, WM, D,  
JEAN, THOS, A,  
LORBER, JAMES, MICHAEL,  
MILLER, RICHARD, CHAS,  
MOHEBAN, JOS,  
SCOTT, V, BROWN,  
THURSTON, FLOYD, EDWARD,  
TOWER, JAMES, H,  
WHITCOMB, ROGER, F,  
ZEGARRA, R, F,

#### SPENCER

GLACKMAN, JOHN, CLAY,  
MONAR, MICHAEL, O,

#### ST. JOSEPH

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ALLEY, TERRY, L,  
ANDERSON, STEPHEN, LEE,  
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BARAN, CHAS,  
BARTSCH, HARVEY, LEONARD,  
BAWAB, M, SAMIR,  
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BECHTOLD, SAML, E,  
BELL, HORACE, D,  
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BERKE, ROBT, D,  
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BUCK, RICHARD, CRAIG,  
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BUTTS, MILTON, A,  
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CARTER, F, R NICHOLAS,  
CASSADY, J, VERNAL,  
CASSADY, JOHN, RUE,  
CHAMBERLAIN, DONALD, S,  
CHAMBLEE, ROLAND, W,  
CHO, HUN-KOO,  
CLARK, WM, HEMENWAY,  
CLAYTON, DAVID, LEE,  
CLINE, KENNETH, LAMAR,  
CONROY, MICHAEL, DENNISON,  
COOK, DEAN, L,  
COOK, GORDON, C,  
COX, ALFRED, CHARLES,  
CREASSER, CHAS, WM,  
CULBERTSON, KENNETH, LEE,

DAVIS, EDWARD, ANDREW,  
DEAN, FREDERICK, KENNETH,  
DENHAM, ROBERT, H,  
DEVETSKI, ROBT, LLOYD,  
DINGLEY, ALBERT, F,  
DODD, ROBT, DARR,  
DOLEZAL, BERNARD, J,  
DRUMMOND, JAMES, A,  
DUNFEE, THOS, PATRICK,  
DUNLAP, DAVID, L,  
EADES, R, CHAS,  
EDWARDS, BERNARD, ELMO,  
EGAN, SHERMAN, L,  
ENGEL, HOWARD, ROBT,  
ENGLISH, JOHN, PAUL,  
ERICKSON, GUSTAF, W,  
FARNER, JAMES, E,  
FEFERMAN, MARTIN, E,  
FELDMAN, MAX,  
FENSTERMACHER, ROBT, EDWIN,  
FILIPEK, WALTER, JOS,  
FINK, JAMES, MAURICE,  
FIRESTEIN, RAY,  
FISH, EDSON, CLEMENT,  
FOLEY, HANSEL, ODELL,  
FORREST, OTTO, NORMAN,  
FRANK, HERBERT,  
FRANK, LYALL, LOUIS,  
FRASH, DE, VON WALTERS,  
FRIEDMAN, MORRIS, S,  
FRIEND, GEO, BERNARD,  
FRITH, LOUIS, GORDON,  
GABRIEL, MAGDI,  
GALUP, LUIS, NEMESIO,  
GANSER, RALPH, VINCENT,  
GANSER, RICHARD, A,  
GARDNER, IAN, ROSS,  
GATES, GEO, E,  
GERGE SHA, EDWARD, ALEX,  
GERIG, ELDON, LAVERN,  
GIBSON, MILTON, EUGENE,  
GILMAN, MARCUS, MANDLE,  
GODERSKY, GEO, EDWIN,  
GODERSKY, LOIS, GARNET S,  
GRAF, JOHN, PAUL,  
GRAINGER, JAMES, LEWIS,  
GREEN, GEO, F,  
GREEN, GEO, RICHARD,  
GREEN, JAN, C,  
GREEN, NORVAL, E,  
GRILLO, DONALD,  
HA, YOUNG, JAE,  
HAHN, JOHN, JOONYONG,  
HALEY, GEO, MATSON,  
HALEY, PAUL, EDWARD,  
HALL, JAMES, MALCOLM,  
HAMILTON, CHAS, O,  
HARDING, JOHN, SCOTT,  
HARMAN, ROBERT, E,  
HARRIS, C, GLENN,  
HARTSOUGH, RALPH, I,  
HATHWAY, STEPHEN, DALLAS,  
HAUGSETH, ELLSWORTH, K,  
HELMER, JOHN, FRANCIS,  
HEYDE, EDWARD, LEE,  
HILBERT, JOHN, W,  
HILDEBRAND, JOHN, O,  
HILL, WALLACE, CLARK,  
HILLMAN, MARION, W,  
HOLDEMAN, LILLIAN, SCHEIB,  
HOLDEMAN, RICHARD, W,  
HOLLOWAY, RICHARD, JAMES,

HOLTZMAN, NORMAN, N,  
HORVATH, GEO, ALEXANDER,  
HORVATH, JOHN, LOUIS,  
HOUSER, DEWARD, S,  
HOUSER, KEIM, THOS,  
HOW, LOUIS, EUGENE,  
HUNT, ROBERT, N,  
HUSSEY, LAWRENCE, KENT,  
HYDE, CARROLL, C,  
JANKOWSKI, ERNEST, BERNARD,  
JENKINS, JOHN, L,  
JIBILIAN, ARTIN, YACOB,  
KARN, JOHN, W,  
KEENAN, PATRICK, JUSTIN,  
KIM, BUM, JOO,  
KING, ROBT, PRESTON,  
KLETZING, DANL, WAYNE,  
KNODE, KENNETH, THOMSON,  
KRIZMAN, DAVID, JOHN,  
KRUEGER, JOHN, EDWARD,  
KUHN, FREDERICK, LEE,  
LAMB, J, LEONARD,  
LANE, WM, HENRY,  
LAVELLE, THOS, FRANCIS,  
LEIPOLD, JON, DAVID,  
LEVATIN, BERNARD, I,  
LIONBERGER, JOHN, R,  
LISS, EMANUEL, C,  
LOCKHART, PHILIP, BRUCE,  
LUZADDER, JOHN, E,  
MAC DONELL, ELDRED, HUGH,  
MACIAS, RAFAEL,  
MACRI, PAUL, ANGELO CARL,  
MAGNUSON, CHAS, W,  
MAHANK, CAMIEL, CYRIEL,  
MARQUIS, GORDON,  
MARTIN, CHAS, F,  
MARTINOV, WM, EDWARD,  
MASON, BERNARD, A,  
MAUZY, MERRITT, C,  
MC FARLAND, CORLEY, B,  
MC MEEL, JAMES, EUGENE,  
MC QUADE, JOHN, ALLEN,  
METCALFE, GRANT, EMORY,  
MEYER, STEVEN, M,  
MITCHELL, GARY, ALAN,  
MUELLER, HILBERT, MARTIN,  
MURPHY, JOSEPHINE, F,  
MYERS, GERALD, PAUL,  
MYERS, PHILIP, ROBT,  
NAPPER, KARL, FRANK,  
NAVAL, JOVENTINO, CRUZ,  
NEHER, JOHN, LEWIS,  
NELSON, FRANCIS, DALE,  
NELSON, RAYMOND, E,  
NELSON, ROBERT, R,  
NICHOLS, HAROLD, GENE,  
NORBORG, CHRISTOPHER, S,  
O'MALLEY, PATRICK, FRANCIS,  
OORCIC, KAZIMIR, JURAJ,  
OLSON, DONALD, T,  
OLSON, KENNETH, L,  
ORR, W, ROBERT,  
PAIRITZ, FRANK, DAVID,  
PARSONS, ROBT, LA RUE,  
PASCUZZI, CHRIS, A,  
PAUSZEK, THOS, B,  
PETRASS, ANDREW,  
PHELPS, STEPHEN, ROWLES,  
PLAIN, GEO,  
PLAIN, GEO, L,  
PRIMUS, ROMANA, R,

JOSEPH

PROUDFIT, CHAS, H,  
PYLE, HAROLD, D,  
QUINN, MICHAEL, GERALD,  
RABASA, RAFAEL,  
RASMUSSEN, RUTH, FRANCES,  
REED, ROBT, F,  
REINEKE, JAN, RICHARD,  
RICE, KATHERINE, KEMPNER,  
RICHARDS, DEAN, ALLEN,  
RIGAUX, ARMAND, JULES,  
ROBERTS, BILLY, JOE,  
ROHRER, BRYCE, BARTON,  
ROSENHEIMER, GEO, MILTON,  
ROSENWASSER, JACOB,  
RUBENS, ELI,  
RUBUSH, JOHN, LANCE,  
SAINÉ, BRIAN, DAVID,  
SALAZAR, LUIS, BARBA,  
SANDERSON, ROBT, BURNS,  
SANDOCK, LOUIS, F,  
SANDOCK, MARK, STEVEN,  
SANDOZ, HARRY, H,  
SAUCELO, BARTOLOME, M,  
SCHAPHORST, RICHARD, A,  
SCHILLER, HERBERT, A,  
SCHLOSSBERG, VICTOR, E,  
SCOTT, FRANK, M,  
SCUZZO, VINCENT, C,  
SHARP, MERLE, CALVIN,  
SHELLEY, EDWARD, S,  
SHRIBER, WM, HOWARD,  
SHRINER, RICHARD, LEE,  
SKILLERN, SCOTT, D,  
SMITH, LEE,  
SOBOL, ZBIGNIEW, W,  
SPALDING, DAVID, LEE,  
SPALDING, WENDELL, L,  
STAUNTON, HENRY, A,  
STETTbacher, LYNNE, LEE,  
STIMSON, HARRY, RENNER,  
STOGDILL, WM, J,  
STOLLER, HARRY, JOE,  
STRATIGOS, JOS, SPYRIDON,  
STRINGER, DRENNON, DURWOOD,  
STRYCKER, DEAN, LA MAR,  
SWEENEY, ROBT, MUROL,  
TAPLEY, DWIGHT, L,  
THOMPSON, JOHN, M,  
THOMPSON, LARRY, GENE,  
THORNTON, MAURICE, JOHN,  
TIRMAN, WALLACE, S,  
TROEGER, THOMAS, ALBERT,  
TROYER, MARLIN, L,  
TUTUNJI, NERMIN, DJAMIL,  
URRUTI, ARNOLDO, HORACIO,  
VAGNER, SAML, BERNARD,  
VAKKUR, GEO, JURI,  
VAN FLEIT, WM, EDMUND,  
WACK, JAMES, EDWARD,  
WALERKO, FRANK,  
WALKER, EDWIN, MERCER,  
WALTERS, CHAS, EDWARD,  
WARD, JAMES, WESLEY,  
WEHLAGE, DAVID, FRANCIS,  
WHITLOCK, MERLE, E,  
WILHELM, AGATHA, M,  
WILSON, DOUGLAS, JAMES,  
WILSON, JAMES, M,  
WIND, JOS, LEON,  
WIXTED, JOHN, FRANCIS,  
WIXTED, JULIA, M LUNDSTROM,

YERGLER, WILLARD, G,  
ZEIGER, IRVIN, LEWIS,

STARKE

DE NAUT, JAMES, F,  
FRITZ, WALTER,  
GOODE, ROBT, JAMES,  
HENRY, HOWARD, JENNINGS,  
INGWELL, GUY, BERNARD,  
LEINBACH, EARL, R,  
MATTHEW, JOHN, ROBT,  
SZALAY, LESLIE,  
UFKES, HERBERT,

STEBEN

BARTON, ROBT, FRANCIS,  
DAVIS, CLAUDE, E,  
HARTMAN, JOHN, J,  
JACKSON, DEAN, B,  
KISSINGER, KNIGHT, L,  
MASON, DONALD, GOODING,  
MATTOX, DEAN, LLOYD,  
RAUSCH, NORMAN, W,  
RICHARD, NORMAN, FREDRIC,  
SCHREPPFERMAN, WAYNE,  
WATKINS, LARRY, EUGENE,  
WEAVER, R, WYATT,  
YOCUM, PAUL, STONE,

SULLIVAN

BEDWELL, MARION, HADDON,  
BROWN, JOHN, STANLEY,  
CROWDER, JAMES, H,  
DAUGHERTY, WM, LOUIS,  
DUKES, BETTY, J DICKERSON,  
DUKES, JOS, ELLSWORTH,  
ESKEW, KENNETH, W,  
MC CLURE, GLEN,  
SARKAR, ANIL, K,  
SCOTT, IRVIN, HUDSON,  
TAYLOR, JOHN, RICHARD,

TIPPECANOE

ADE, CHAS, HAMILTON,  
ADE, MARY, EDITH KELLER,  
ALDRICH, DAVID, DOUDT,  
ALEXANDER, ALAN, AMES,  
ALSTOTT, DAVID, FREDERICK,  
ARVIN, DELANO, ZEUS,  
ASH, STEPHEN, R,  
AUCKLEY, JAMES, LEONARD,  
BABB, FORREST, J,  
BAKER, JOHN, R,  
BALKEMA, CATHERINE, M,  
BECK, DAVID, C,  
BEESLEY, RICHARD, ROY,  
BEUERMAN, VIRGIL, ADOLPH,  
BLANDING, JAMES, D,  
BOLIN, ROBT, CORNWALL,  
BOND, LARRY, GENE,  
BOSLEY, ROGER, EUGENE,  
BOUGHER, GERALD, RAY,  
BOURLAND, BARBARA, JOHNSON,  
BRACEY, ALTAMONT, HART,  
BRADY, KINGDON,  
BRENNAN, THOS, FRANCIS,  
BRIDGE, BARTON, C,

BROWN, JOHN, MICHAEL,  
BULLARD, HARLAN, R,  
BURNS, JOHN, T,  
BUSH, JACK, ARROWSMITH,  
CALVERT, RAYMOND, RICE,  
CARPENTER, JAMES, BEDFORD,  
CARPENTER, ROBT, SCHOFIELD,  
CARREL, FRANCIS, EDSON,  
CARROLL, BERTHA, ROSE,  
CARTWRIGHT, GLEN, WILLARD,  
CLINE, CHAS, THEODORE,  
CONWAY, LOUIS, WM,  
COYNER, ALFRED, BRUCE,  
DAVIS, GRAYSON, B,  
DAVIS, HOWARD, B,  
DERHAMMER, GEO, LEWIS,  
DEUR, JULIUS, JAY,  
DONAHUE, GEO, RICHARD,  
DU BOIS, RAMON, B,  
EATON, MARION, JOSHUA,  
EDWARDS, THOMAS, A,  
ELLIOTT, PAUL, W,  
EVANS, DAVID, LESLIE,  
FERGUSON, WILLIAM, B,  
FIELDS, DON, C,  
FILMER, ELEANOR, H M JULIN,  
FLACK, RUSSELL, ALLEN,  
FOSTER, JOHN, ARTHUR,  
FREEMAN, MARK, L,  
FREY, HARLEY, H,  
FRITCH, JOHN, MARTIN,  
GISH, HOWARD, M,  
GOSSARD, JOHN, M,  
GREIDER, LESTER, S,  
GRIPE, RICHARD, PUTNAM,  
GUTWEIN, GILBERT,  
HAAS, CHAS, F,  
HANNEMANN, ROBT, EARL,  
HARDEN, MURRAY, E,  
HARTER, ELI, BLAIR,  
HARVEY, BENNETT, BROWN,  
HASS, CAROLINE, E HALL,  
HASS, THOS, W,  
HEID, GEO, J,  
HORSWELL, RICHARD, R,  
HUGHES, ANSON, F,  
HUGHES, RICHARD, R,  
HULL, JAMES, EDWARD,  
HUNSBERGER, WALTER, G,  
HUNTER, DEAN, MURRAY,  
JACOBSON, WM,  
JOHNS, JANET, SUSAN,  
JOHNSON, HERBERT, S,  
JONES, ANABEL, RATCLIFF,  
KARBERG, RICHARD, JOHN,  
KELLEY, JACK, LESLIE,  
KEPLINGER, JAMES, ELLIS,  
KLATCH, BEN, Z,  
KLEPINGER, HARRY, EDWIN,  
KNOTE, JOHN, ALTON,  
KOHNE, ROBT, WM,  
KRAUS, MAURICE, D,  
KUIPERS, FRED, MERRILL,  
LANDIS, CHAS, BYRON,  
LEMPKE, LLOYD, WM,  
LIND, JAAP, J,  
LOOP, FREDERICK, ADDISON,  
MAC LENNAN, JOHN, CALVIN,  
MARSH, GEO, WILBUR,  
MARVEL, HOWARD, ROLAND,  
MATHER, CHAS, R,  
MATHER, ROBT, LINCOLN,

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MATHEWS, FRANKLIN,  
MC ADAMS, HUGH, BEST,  
MC ADAMS, ROBT, C,  
MC EWEN, DAVID, AIKIN,  
MC FADDEN, JAMES, M,  
MC KINLEY, JOS,  
MC KINNEY, DONALD, LEROY,  
MC PHERSON, RICHARD, CLARK,  
MENTZER, WM, GILBERT,  
MILLER, ALBERT, JOHN,  
MILLER, ROLAND, EDWARD,  
MILLER, WM, JOS,  
MOHRS, PAUL, EDWARD,  
MOUNT, WM, MAXWELL,  
ONORATO, JOS, J,  
PATRICK, EDWARD, A,  
PATTON, CHAS, NATHAN,  
PEYTON, FRANK, WOOD,  
PFROMMER, JOHN, R,  
PHELPS, JAMES, MICHAEL,  
PICKERILL, JAMES, MITCHELL,  
PLANTE, MICHAEL, T,  
POTTS, DAVID, R,  
POULOS, JAMES, THOS,  
RADCLIFFE, LEE, EWING,  
RAHDERT, RICHARD, F,  
RALSTON, MARC, ALLEN,  
RAMSEY, GEO, FRANK,  
RATCLIFF, FRANK, WM,  
REMO, JOHN, WM,  
RIGGS, WENDELL, A,  
ROBINSON, FREDERICK, CHAS,  
ROGGENKAMP, MILTON, W,  
ROMMEL, CLARENCE, HENRY,  
ROTHROCK, PHILIP, WAYNE,  
RUSCHLI, EDWARD, BARNARD,  
RUTHERFORD, CHAS, E,  
SCANLON, JOHN, CHAS,  
SCHAAF, BERNARD, J,  
SCHEERES, JACOB, WM,  
SCHMIEDICKE, PAUL, HENRY,  
SEARCY, LINDA, MARIE,  
SHARVELLE, D, J,  
SHERMAN, DAVID, EMERY,  
SHIVELY, JOHN, L,  
SHOLTY, WM, MAXWELL,  
SKIDMORE, CHAS, EDWARD,  
SMITH, LOWELL, CLINE,  
SONDGERATH, CLIFFORD, JOS,  
SPURLOCK, FAE, HEDRICK,  
STAKEM, BRIAN, EDWARD,  
STEELE, HUGH, HENDERSON,  
STOLZ, THOS, J,  
STRAYER, JOS, WM,  
STUNTZ, EDGAR, CHEADLE,  
TACKER, WILLIS, ARNOLD,  
TROUT, CARL, JOS,  
TROUT, DAVID, JOS,  
UNDERWOOD, GEO, MAUZY,  
VAN BUSKIRK, EDMUND, L,  
VAN DEN BOSCH, WALLACE, R,  
VAN KIRK, JOHN, ROBT,  
VERMILYA, ROBT, WELSH,  
WAGNER, LINDLEY, HEATH,  
WAGONER, J, EDWARD,  
WAITS, CHESTER, LA VERNE,  
WEBSTER, PAUL, L,  
WEIDA, JERRY, MAYNE,  
WELLER, RALPH, DEAN,  
WELLER, WENDELL, A,

WILLIAMSON, ROBERT, T,  
WILMS, JOHN, H,  
WONG, NORMAN, FRANCIS,  
YEGERLEHNER, ROSCOE, S,

## TIPTON

BURKHARDT, BOYD, ALONZA,  
CARTER, JEAN, VAL,  
COMPTON, GEO, LEONARD,  
ERICSON, HAROLD, L,  
GOSSARD, MEREDITH, B,  
HALLER, ROBT, LEWIS,  
KINCAID, RAYMOND, KEITH,  
KURTZ, ROBERT, S,  
LAMBERT, DESTRY, WAYNE,  
MEREDITH, JESSE, H,  
TRANTER, WM, FRANK,

## VANDEBURGH

ADAMSON, WM, ERNEST,  
ADYE, WALLACE, MORGAN,  
AKIN, EMEL, BILGE,  
AKIN, NEVZAT,  
ALEXANDER, JOHN, EVAN,  
ALLEN, DONALD, RAY,  
ALLEN, WM, H,  
ANDERSON, MILTON, H,  
ANTES, EARL, H,  
ARENDELL, ROBT, E,  
ARROYO, SYLVIA, Z,  
AUSTIN, EUGENE, WM,  
BAIRD, GLENN, D,  
BAKER, HERMAN, MARCUS,  
BAKER, RAYMOND, C,  
BAKER, SAMMIE, BRUCE,  
BARNARD, ROGER, LESLIE,  
BARNHART, WILLARD, T,  
BAUTISTA, AMANCIO, G,  
BECK, ROBT, E,  
BECKER, JERRY, DONNELL,  
BEGLEY, JOS, W,  
BEISEL, LARRY, HOMAN,  
BEMAN, JOHN, W,  
BENDER, MARTIN, JOHN,  
BENNETT, ABNER, P,  
BERRY, GEORGE, F,  
BISSONNETTE, ROGER, P,  
BIZAL, JOHN, ADOLPH,  
BLOSS, BRYANT, ALLEN,  
BOHLING, JEFFREY, LUKE,  
BOONE, ROBT, D,  
BOYLE, CARROLL, L,  
BRAKEL, FRANK, J,  
BRAUN, STEPHEN, EARL,  
BRITT, ROBT, LEE,  
BROWN, RAYMOND, LEE,  
BRUNDICK, EDWARD, L,  
BRYAN, STANTON, L,  
BUEHNER, DONALD, CLEMENS,  
BUEHNER, DONALD, F,  
BURG, HOWARD, EDWIN,  
BURGER, THOS, C,  
BURNIKEL, RAYMOND, H,  
CABRERA, JUAN, CABRERA,  
CARLSON, RALPH, FREDERICK,  
CHALLMAN, WM, BOWER,  
CHAN, MACARIO, ONG,  
CHEEK, JACK, ALLAN,  
CHEN, TZENG-CHIH,  
CLARK, THOS, W,

COBB, DONALD, PITT,  
COLEMAN, JOS, EDWIN,  
COMBS, HERMAN, TOW,  
COMBS, JOHN, HAROLD,  
COOK, THOMAS, LYNN,  
COOPER, WALLER, WALLACE,  
CORCORAN, PATRICK, J V,  
CORDANO, ANGEL,  
COTTOM, DAVID, LEE,  
COX, LARRY, LA VON,  
CRAWFORD, JAMES, HARVEY,  
CRUDDEN, CHAS, H,  
CULLNANE, CHRIS, WALTER,  
DAVIDSON, HAROLD, HALL,  
DAVIS, KENNETH, DEYLEN,  
DENZER, EDWARD, K,  
DENZER, WM, OLIVER,  
DI ROBBIO, CARL, C,  
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David Ramsey	5613 Leland Way, Anderson	46011	378-3019
Ron D. Tincer	7921 E. 33rd St.	46226	897-2025
James Watson	2414 Appleton Dr.	46227	882-1559

#### BREON LABORATORIES, INC.

Robert E. Cook	9802 Cumberland Ridge Lane	46256	842-3638
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#### BRISTOL LABORATORIES

Ron E. Fritz	317 Heather Dr., Carmel	46032	844-6068
Richard Caulfield	Box 26425	46226	—
David A. Powell	7959 Campbell Ave.	46250	842-3907

#### BURROUGHS WELLCOME CO.

James Borgmann	7812 Susan Dr., S.	46250	849-6785
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#### CARNRICK LABORATORIES

Gary Jenkins	4069 Westover Dr.	46268	293-7086
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#### CENTRAL PHARMACAL CO.

Sidney J. Kemper	5435 Leone Dr.	46226	542-9018
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#### CENTURY LABORATORIES, INC.

Ross Deardorff	3505 E. 62nd St.	46220	251-4602
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#### CIBA PHARMACEUTICAL CORP.

Walt H. Cory	5231 E. 77th St.	46250	849-0208
Marshall J. Kitterman	5265 E. 75th St.	46250	849-0951

<b>COOPER LABORATORIES, INC.</b>			
Skip Brannon	3405 N. Cecil Ave.	46226	897-3138
<b>CORRELATED PRODUCTS INC.</b>			
Duffy Redmond	12215 Dunbar Ct., Cumberland	46229	894-7153
<b>DOME LABORATORIES</b>			
Robert W. Swift	1325 W. Main St., Carmel	46032	846-5540
<b>DOW CHEMICAL COMPANY, THE</b>			
Joseph E. Keers	37 Ridgeway Dr., Brownsburg	46112	852-5178
David E. Kollman	2709 Astro Dr.	46229	899-2897
<b>ENDO LABORATORIES, INC.</b>			
Les C. Nagley	6660 E. Ninth St.	46219	356-4398
Carlotta De Maio	4552 Brookhollow Blvd. #235	46254	299-0862
<b>FISONS CORPORATION</b>			
John A. Floren	3939 E. 56th St.	46220	255-4490
<b>FLEMING AND CO.</b>			
Vic Windle	4711 Eastbourne Dr.	46226	547-7217
<b>HOECHST-ROUSSELL PHARMACEUTICALS, INC.</b>			
Chuck Wincel	145 Southlane, New Whiteland	46184	535-4008
John Patton	324 W. North St.	46052	769-3777
Pat Pickett	649 Sunset Dr., Noblesville	46060	773-4310
Duane Martin	105 N. Merrimac Place	46224	247-5752
<b>INDIANAPOLIS PHARMACEUTICAL CO., INC.</b>			
Herschel H. Lammey	1161 E. 56th St.	46220	255-1646
Paul Lowe	3637 W. Tenth St.	46222	637-4304
<b>IVES LABORATORIES, INC.</b>			
Robert Gran	105 E. Edgewood Ave.	46227	784-8915
<b>KNOLL PHARMACEUTICALS</b>			
John L. Parsons, Jr.	6136 Lowell Ave.	46219	352-0556
<b>LEDERLE LABORATORIES</b>			
Ned Hugus	127 W. 111th St., Carmel	46032	846-5474
Keith D. Gates	8808 Saville Rd., Noblesville	46060	773-3567
<b>McNEIL LABORATORIES, INC.</b>			
Charles T. Love	5565 N. Delaware	46220	257-1934
Michael L. Walsman	31 Ridge Ct., Greenwood	46142	888-1206
Thomas Bishop	5735 N. Alton Ave.	46208	293-7970
<b>MALLARD, INC.</b>			
Homer Surprenant	941 Mellwood Dr.	46217	888-9661
<b>MALLINCKRODT INC.</b>			
Jon A. Young	1188 Royal Glen Dr. 102A, Glen Ellyn, Ill.	60137	—
Russ Ericson	R.R. 7, Box 377D, Martinsville	46151	342-7510
Tom Wise	R.R. 2, Box 423-28, Zionsville	46077	769-6161
<b>MEAD JOHNSON LABORATORIES</b>			
J. Kenneth Miller	105 N. Redwood Lane, Muncie	47304	289-8657
Howard Johnson, Jr.	6829 N. Oxford	46220	259-4637
C. Chris Northcott	37 Westwind Dr., R.R. 3, Plainfield	46168	839-8339
Glen F. Kesler	725 Greyhound Pass, Carmel	46032	846-4608
Don Beegle	5916 Cape Cod Court	46250	849-3060
<b>MERCK SHARP &amp; DOHME</b>			
Donald C. Abbitt	R.R. 1, Box 147A, Zionsville	46077	873-5908
Henry Pahlke	8311 Rumford Rd.	46219	898-7722
H. Duane Koon	12102 Somerset Way, E., Carmel	46032	844-5871

<b>MERRELL-NATIONAL LABORATORIES</b>			
Dale F. Toole	R.R. 1, Box 225, Lebanon	46052	482-1075
<b>MEYER LABORATORIES, INC.</b>			
Michael J. Lester	4015 E. Main St., Box 49H, Danville	46122	745-6934
<b>MILEX PRODUCTS, INC.</b>			
James E. Eickhoff	1417 Central Ave., Connersville	47331	825-4267
<b>MODERN DRUGS, INC.</b>			
Ken Hoy, Sr.	1139 Reid Place	46203	632-7148
Ken Hoy, Jr.	1139 Reid Place	46203	632-7148
<b>ORGANON</b>			
Kent Beaverson	564 Coventry Way, Noblesville	46060	896-2465
<b>ORTHO PHARMACEUTICAL CORP.</b>			
Bill McKimmie	13228 Lantern Rd., Noblesville	46060	849-9394
Trudy L. James	5331 Whisperwood Lane	46226	542-8742
<b>PARKE DAVIS CO.</b>			
Albert H. Griffin	6847 Balfour Ct.	46220	842-0236
Frank A. McCabe	170 N. Eighth St., Zionsville	46077	873-4028
<b>PENNWALT PHARMACEUTICAL</b>			
J. Thomas Frank	7212 Brompton Ct.	46250	849-5333
<b>PURDUE FREDERICK CO.</b>			
Wynne K. Porter	2626 Sheffield Dr.	46229	894-7766
George Snider	6051 E. 65th Pl.	46220	849-9885
Leonard J. Walsh	3432 Levee St., Dayton Plains, Mich.	48020	Unlisted
<b>REED &amp; CARNRICK</b>			
Stephen M. Sparks	5767 N. Pennsylvania St.	46220	255-3924
Ron White	4982 Oak Brook Dr., Apt. C	46254	291-4428
<b>ROERIG, DIV. PFIZER PHARMACEUTICALS</b>			
Delton G. Smith	6225 E. Pleasant Run, S. Drive	46219	357-6764
Gary J. Kuenz	616 Lexington Blvd., Carmel	46032	846-2131
<b>RORER, INC., WM. H.</b>			
Alfred Ayers	240 W. McKay Road, Shelbyville	46176	392-4090
Jim Bova	927 Kimlough Circle	46240	253-3671
<b>SANDOZ PHARMACEUTICALS</b>			
Constance Kenneally	3801 N. Meridian St.	46208	926-0863
<b>SAVAGE LABORATORIES, INC.</b>			
Doyce Berry	250 S. Downey Ave.	46219	356-4433
Paul J. Schneck	831 Middle Dr., New Whiteland	46184	535-4623
<b>SCHERING CORPORATION</b>			
Philip K. Cradick	2515 E. 99th St.	46280	846-0553
Rollan (Buzz) Perry	2707 Constellation Dr.	46229	898-8481
Richard A. Evola	1112 Abbeywood Dr., Louisville, Ky.	40222	502-425-2268
Max Robison	1716 Kenwood Ave., Ft. Wayne	46805	219-484-5864
James T. Sallee	8940 Sassafras	46260	846-6952
Van E. Parks	2725 Franklin Place	46208	926-6258
Susan Tempco	1262 Hatfield Dr., Evansville	47715	812-477-3592
Marilyn Christian	1337 Saddle Brook, E. Dr., #15B	46208	259-4829
Sharon Hendershot	940 W. 131st St., Carmel	46032	844-6089
Gary L. Maas	4260 Lakeway Dr.	46205	542-8065
<b>SEARLE LABORATORIES</b>			
John Thomas Mullin II	915 E. 56th St.	46220	257-9566
Craig D. King	527 Howell Lane	46224	241-5819
<b>SMITH KLINE &amp; FRENCH</b>			
Ed Porter	915 Chevy Chase Lane	46280	846-2459

SQUIBB & Sons, E. R. Don E. Miller	R.R. 3, Box 21, Alexandria	46001	724-9255
STUART PHARMACEUTICALS Robert W. Smith	1525 E. 106th St.	46280	846-1097
SYNTEX LABORATORIES, INC. Thomas F. Gumbel	7564 Mikesell	46260	253-2495
TUTAG PHARMACEUTICALS, INC. Glen Kaiser	7838 Big Horn Trail, Apt. 1117	46224	247-0500
USV PHARMACEUTICALS CORP. John E. Porter	3040 Barnard St.	46268	293-2799
UPJOHN CO., THE Theodore Rivers	7611 Mohawk Dr.	46260	253-7700
WARREN-TEED PHARMACEUTICALS INC. Susan J. Wittig	4228 Fox Glove Trace	46227	748-2888
Jodi Beshara	5382 McIntosh, 3B	46226	547-6852
WESTWOOD PHARMACEUTICALS Richard J. Vaughn	3335 Breckenridge Dr.	46208	291-8339
WINTHROP LABORATORIES Michael O. Ransom	7642 Lancer Lane	46226	546-8055

### HONORARY AND RETIRED MEMBERS

H.O.D. Boone, R.Ph.	5281 Primrose Ave.	46220	255-9710
Web C. Dollens	4226 N. Meridian St.	46208	283-2121
Joseph E. Hartman	5821 N. New Jersey	46220	255-1396
M. O. Hollingsworth	4624-B Round Lake Rd.	46205	251-2422
Charles M. Hoskins	6913 Hague Rd.	46256	849-0662
Herschell H. Lammey	1161 E. 56th St.	46220	255-1646
Joe F. Limoges	8115 Oakland Rd.	46240	255-6452
William C. McCrory	6244 N. Park Ave.	46220	255-6552
J. D. "Donn" Moore	3020 Crawford, Terre Haute	47808	812-234-2556
John W. Thomas	5919 Schoolwood Dr.	46224	291-8306
Thomas P. Moriarty	7132 Maplewood Dr.	46227	784-9152
Vic Market	5640 Kilmer Lane	46250	849-3012
John J. Malloy	3122 St. Charles Place	46227	787-9190

# THE INDIANA STATE MEDICAL ASSOCIATION

3935 N. Meridian, Indianapolis 46208—Telephone 925-7545

1978 Annual Meeting—Oct. 22-25—Clarksville

## OFFICERS FOR 1977-78

President—Eli Gaadman, 807 High St., Charlestown 47111

President-Elect—James A. Harshman, M.D., St. Joseph Hospital, Kakama 46901

Treasurer—Arvine G. Pappelowell, 3530 S. Keystone, Indianapolis 46227

Assistant Treasurer—Joseph F. Ferrara, 111 S. Water St., Franklin 46131

Executive Committee—Jahn W. Beeler, 1815 N. Capital Ave., Indianapolis 46202, Chairman; Richard G. Ingram, 206 S. Main St., Mantpelier 47359; Jae Dukes, Dugger 47848, Members

Speaker of the House—Lloyd L. Hill, 302 N. Duke St., Peru 46970

Vice Speaker—Lawrence E. Allen, 2009 Brawn St., Anderson 46016

Executive Director—Mr. Donald F. Fay

## TRUSTEES

District	Term Expires
1—Jahn A. Bizal, Evansville	Oct. 1980
2—Paul W. Haltzman, Blaamingtan	Oct. 1978
3—Thomas A. Neathamer, Jeffersanville	Oct. 1979
4—Haward C. Jackson, Madisan	Oct. 1980
5—Clean M. Schauwecker, Greencastle	Oct. 1978
6—*Davis W. Ellis, Rushville	Oct. 1979
7—Donald C. McCallum, Indianapolis	Oct. 1980
7—Jahn G. Pantzer, Indianapolis	Oct. 1978
8—Jack M. Walker, Muncie	Oct. 1978
9—Jahn A. Knate, Lafayette	Oct. 1979
10—Martin J. O'Neill, Valparaisa	Oct. 1980
11—Herbert C. Khalauf, Marian	Oct. 1978
12—Alvin J. Haley, Fart Wayne	Oct. 1979
13—Donald S. Chamberlain, South Bend	Oct. 1980

\*Glen Ward Lee, M.D., deceased

## ALTERNATES

District	Term Expires
1—E. DeVerre Gaurieux, Evansville	Oct. 1979
2—Edgar R. Cantwell, Vincennes	Oct. 1980
3—Richard G. Huber, Bedford	Oct. 1980
4—Mark M. Bevers, Seymaur	Oct. 1979
5—William G. Bannan, Terre Haute	Oct. 1979
7—I. E. Michael, Indianapolis	Oct. 1979
7—Gerald J. Kurlander, Indianapolis	Oct. 1979
8—Ted S. Daels, Middletawn	Oct. 1979
9—Max N. Haffman, Cavingtan	Oct. 1980
10—Leonard W. Neal, Munster	Oct. 1978
11—Fred C. Paehler, La Fantaine	Oct. 1980
12—Franklin A. Bryan, Fart Wayne	Oct. 1980
13—Jahn W. Luce, Michigan City	Oct. 1979

## SECTION OFFICERS 1977-1978

### Section an Surgery

Chairman—Jay L. Grasfeld, Indianapolis

Secretary—James A. Madura, Indianapolis

### Section an Internal Medicine

President—Dauglas H. White, Indianapolis

Secy-Treasurer—William Bastnagel, Indianapolis

### Section an Family Practice

Chairman—Harvey Himelstein, Indianapolis

Secretary—Bernard J. Emkes, Indianapolis

### Section an Obstetrics and Gynecalogy

Chairman—Charles R. Thomas, Indianapolis

Secretary—Hans E. Geisler, Indianapolis

### Section an Ophthalmology and Otalaryngalogy

Chairman—Jahn Bizal, Evansville

Secretary—Daniel R. Evans, Valparaisa

### Section an Anesthesialogy

Chairman—Narmand Tawnley, Indianapolis

Secretary—Wendell Edwards, Indianapolis

### Section on Public Health and Preventive Medicine

Chairman—Ivan T. Lindgren, Aurara

Secretary—David J. Edwards, Indianapolis

### Section an Radiology

Chairman—Edwin F. Kach, Jr., Muncie

Secretary—Richard Fax, Fart Wayne

### Section on Nervaus and Mental Diseases

Chairman—Richard N. French, Jr., Indianapolis

Secretary—Jeffrey J. Kellams, Indianapolis

### Section an Pathalogy and Forensic Medicine

Chairman—Robert Reed, Columbus

Secretary—David E. Smith, Indianapolis

### Section on Pediatrics

Chairman—Robert Hannemann, Lafayette

Secretary—William C. Ashman, Fart Wayne

### Section an Directors of Medical Education

Chairman—W. Thomas Spain, Evansville

Secretary—Robert Rabinsan, Indianapolis

### Section an Cutaneous Medicine

Chairman—Edward Prabst, Calumbus

Secretary—Patrick Lagan, Indianapolis

### Section an Allergy

Chairman—William Maunt, Lafayette

Secretary—Beaufard Spencer, Blaamingtan

### Section an Uralogy

Chairman—Russell L. Judd, Indianapolis

Secretary—David Schlueter, Fart Wayne

### Section on Orthopedic Surgery

Chairman—Robert F. Kimbraugh, Fart Wayne

Secretary—Marris S. Friedman, South Bend

### Section an Emergency Medicine

Chairman—David Gettle, Indianapolis

Secretary—Caralyn Cunningham, Indianapolis

### Section an College Health Physicians

### Section an Neuralogical Surgery

## DELEGATES TO THE AMA

Terms expire December 31, 1978:

Delegates: James A. Harshman, Kakama; Malcolm O. Scamaharn, Pittsbara; Rass L. Egger, Daleville.

Alternates: George T. Lukemeyer, Indianapolis; Everett E. Bickers, Flayds Knabs; Gilbert M. Wilhelmus, Evansville.

Terms expire December 31, 1979:

Delegates: Patrick J. V. Carcaran, Evansville; Peter R. Petrich, Attica.

Alternates: Thomas C. Tyrrell, Hammand; Marvin E. Priddy, Fart Wayne.

## 1977-1978 DISTRICT MEDICAL SOCIETY OFFICERS

District	President	Secretary	Place, Date of Meeting
1.	James A. Marvel, Evansville	Farrest F. Radcliff, Evansville	May 18, Evansville
2.	Hugh S. Ramsey, Blaamingtan	James P. Beck, Washington	May 25, Blaamingtan
3.	Marvin McClain, Scattsburg	Charles X. McCalla, Paali	Oct. 7-8, Scattsburg
4.	Larry Williams, Madisan	Ott B. McAtee, Madisan	May 24, Madisan
5.	J. Franklin Swaim, Rackville	Clyde Jett, Seelyville	May 3, Terre Haute
6.	O. Lynn Webb, New Castle	James M. Larber, Shelbyville	May 10, Shelbyville
7.	William Stafford, Plainfield	M. O. Scamaharn, Pittsbara	June 14, Greenwaad
8.	Lawell W. Painter, Winchester	Haward Kach, Winchester	June 7, Muncie
9.			June 8, Lafayette
10.	James R. Brawn, Valparasia	Barran M. F. Palmer, Hammand	
11.	Amanda L. Baluyat, Peru	Fred Paehler, La Fantaine	Sept. 20, Peru
12.	Thomas A. Felger, Fart Wayne	R. Wyatt Weaver, Angala	Sept. 7, Fart Wayne
13.	David L. Spalding, Mishawaka	Michael G. Quinn, South Bend	Sept. 13, South Bend

# COUNTY MEDICAL SOCIETY DIRECTORY

County	President	Secretary
Adams	John E. Doan, Decatur	Hyung Soo T. Lee, 227 S. Second St., Decatur 46733
Allen (Fort Wayne)	Jerald L. Andrew, Fort Wayne	Robert W. Dettmer, 2828 Fairfield Ave., Fort Wayne 46806
Bartholomew-Brown	Robert G. Reed, Columbus	Mr. Larry L. Pickering, Exec. Dir., 212 Med. Ctr. Bldg., Fort Wayne
Benton	A. L. Coddens, Earl Park	Stanley R. Adkins, 380 Plaza Drive #D, Columbus 47201
Boone	Donald Boyer, Lebanon	Manley K. Scheurich, R.R. 1, Oxford 47971
Carroll	Stephen C. Mayers, Flora	John J. Saalwaechter, 404 W. Camp St., Lebanon 46052
Cass	B. F. Mamaril, Logansport	Robert Seese, 101 W. North St., Delphi
Clark	Roy L. Fultz, Jeffersonville	Carl R. Boyd, 2 Chase Park, Logansport 46947
Clay	Robert C. Oehler, Brazil	Maurice E. John, Jr., 207 Sparks Ave., Jeffersonville 47130
Clinton	Milton Erdel, Frankfort	E. L. Conrad, 1207 E. National Ave., Brazil
Daviess-Martin	Marshall Seat, Washington	William R. Stapleton, 1256 S. Jackson, Frankfort 46041
Dearborn-Ohio	Henry Conrad, Lawrenceburg	James P. Beck, 1312 Bedford Rd., Washington 47501
Decatur	Gene P. Gebele, Greensburg	Gerald T. Bowen, 705 Tanner Ave., Lawrenceburg 47025
DeKalb	John C. Harvey, Auburn	Arnold D. Ducanes, 215 N. Franklin St., Greensburg 47240
Delaware-Blackford	David J. Dietz, Muncie	Harland V. Hippensteel, 208 W. 7th St., Auburn 46706
Dubois	Allen D. Scales, Huntingburg	Chas. J. Leiphart, 320 W. Adams St., Muncie 47305
Elkhart	Donald L. Minter, Goshen	Phillip R. Dawkins, 507 W. 7th St., Jasper 47546
Fayette-Franklin	Joseph L. Steinem, Connersville	Page E. Spray, 320 W. High St., Elkhart
Floyd	William V. Croft, New Albany	Kirit T. Patel, 1941 Virginia Ave., Connersville 47331
Fountain-Warren	Hugh C. Brenner, Williamsport	Daniel H. Cannon, 1201 E. Spring St., New Albany
Fulton	James P. Schalliol, Rochester	Theodore Person, 601 N. Mill St., Veedersburg
Gibson	James F. Peck, Princeton	Joseph D. Richardson, 121 West 8th St., Rochester 46975
Grant	L. J. Wojcik, Marion	E. S. Rifner, Van Buren
Greene	Robert Moses, Warthington	Harry Rotman, Jasonville
Hamilton	A. Adrian Lonning, Noblesville	Paul M. Walitt, 450 Lafayette Rd., Noblesville 46060
Hancock	Roy Haas, Greenfield	Gary C. Sharp, 120 W. McKenzie, Greenfield 46140
Harrison-Crawford	Louis M. Blessinger, Corydon	Carl E. Dillman, Beaver & Oak St., Corydon 47112
Hendricks	James Black, Brownsburg	Wm. A. Edwards, 1655 Hawthorn Dr., Plainfield 46168
Henry	David Cain, New Castle	Donald E. Vivian, Henry Co. Hospital, New Castle 47362
Howard	G. M. Reul, Kokomo	Donald L. Fields, 3804 Southland Ave., Kokomo 46901
Huntington	Kenneth A. Smith, Huntington	Piyush J. Shah, 1159 Etna Ave., Huntington 46750
Jackson	Mark M. Bevers, Seymour	Joel M. McGill, 213 E. Cross St., Brownstown 47220
Jasper	Kenneth J. Ahler, Rensselaer	Michael Louck, 828 W. Washington Ave., Rensselaer 47978
Jay	James S. Fitzpatrick, Portland	Joseph F. Vormohr, 604 W. Arch St., Portland 47371
Jefferson-Switzerland	Robert Mulford, Versailles	Ott B. McAtee, Madison State Hospital, Madison
Jennings	James L. Calli, North Vernon	F. Richard Walton, 311 Henry St., North Vernon 47265
Johnson	Steven A. Weber, Franklin	Chandrabhan Singh, Johnson Co. Memorial Hospital, Franklin 46131
Knox	Frederick H. Buehl, Vincennes	Phillip B. Kinman, 609 Dubois St., Vincennes 47591
Kosciusko	David W. Haines, Warsaw	George A. Ros, 827 S. Union St., Warsaw 46580
LaGrange	Millard R. Taylor, Howe	Evan C. Thompson, P.O. Box 217, Topeka 46571
Lake	Thomas A. Gehring, Merrillville	Mary E. Carroll, 124 N. Main St., Crown Point 46307
LaPorte	William A. Stark, LaPorte	Mr. John B. Twyman, Ex. Dir., 6685 Broadway, Merrillville 46410
Lawrence	Gerald E. Kasting, Bedford	Donald A. Weninger, P.O. Box 485, Michigan City 46360
Madison	Kenneth E. Schemmer, Anderson	Orville A. Schumm, Exec. Dir., 110 South Ave., La Porte 46350
Marion	George T. Lukemeyer, Indianapolis	Richard G. Huber, 2900 W. 16th St., Bedford 47421
Marshall	Michael F. Deery, Culver	John D. Jones, 1719 N. Madison Ave., Anderson 46012
Miami	Maurice Sixbey, Denver	George H. Rawls, 3151 N. Illinois St., Indianapolis 46208
Montgomery	Fred P. Warbinton, Crawfordsville	Mr. Harold W. Hefner, Exec. Dir., 211 N. Delaware St., Indianapolis 46204
Morgan	O. R. Wilson, Morgantown	Byron Holm, 304 N. Walnut, Plymouth 46563
Newton	R. S. Jardenil, Kentland	A. L. Baluyut, 29 E. Main, Peru 46970
Noble	Max E. Sneary, Avilla	Jack L. Foltz, 1407 Darlington Ave., Crawfordsville 47933
Orange	Charles X. McCalla, Paoli	Stephen L. Hardin, 171 E. Washington St., Martinville 46151
Owen-Monroe	William R. Anderson, Bloomington	E. L. Gamba, Lake Village 46349
Parke-Vermillion	George Alexandrescu, Clinton	Carl F. Stallman, R.R. 3, Kendallville 46755
Perry	Robert Gilbert, Tell City	Philip T. Hodgins, Orleans
Pike	Donald L. Hall, Petersburg	Mark Wisen, 619 W. First, Bloomington 47401
Porter	James R. Brown, Valparaiso	Arlene Rhea, Exec. Secy., 1920 E. Third St., Bloomington 47401
Posey	Harold E. Ropp, New Harmony	J. Franklin Swaim, P.O. Box 185, Rockville 47872
Pulaski	Harold J. Halleck, Winamac	Robert A. Ward, Professional Bldg., Tell City
Putnam	Cleon M. Schauwecker, Greencastle	Donald L. Hall, 7th and Poplar, Petersburg 47567
Randolph	Jerome M. Leahey, Union City	Uldarico B. Blando, 802 LaPorte Ave., Valparaiso 46383
Ripley	Manuel G. Garcia, Batesville	Herman Hirsch, 130 W. 5th St., Mt. Vernon
Rush	Davis W. Ellis, Rushville	William R. Thompson, 111 N. Monticello St., Winamac 46996
St. Joseph	Eldred H. MacDonell, South Bend	Gregory N. Larkin, 600 N. Arlington, Greencastle 46135
Scott	Marvin L. McClain, Scottsburg	C. R. Miranda, 702 Browne St., Winchester 47394
Shelby	Lucian A. Arata, Shelbyville	Thomas E. LeBeau, Margaret Mary Hospital, Batesville 47006
Spencer	Michael O. Monar, Rockport	Harry G. McKee, 208 W. First St., Rushville 46173
Starke	Howard J. Henry, Knox	Michael Conroy, 3123 Mishawaka Ave., South Bend 46615
Steuben	Donald Mason, Angola	Mrs. Rose Vance, Exec. Secy., 2015 Western Ave., South Bend 46629
Sullivan	Glen McClure, Sullivan	Benjamin Roberto, 378 Main St., Austin 47102
Tippecanoe	Gilbert Gutwein, Lafayette	Dar Muceno, 103 W. Washington, Shelbyville 46176
Tipton	Destroy W. Lambert, Tipton	John C. Glackman, Jr., Rockport
Vanderburgh	Irvin L. Heimbürger, Evansville	Earl Leinbach, Hamlet
Vigo	Tom J. Conway, Terre Haute	K. L. Kissinger, 411 E. Eilmore St., Angola 46703
Wabash	Charles R. Lyons, Wabash	Joe Dukes, South Third St., Dugger 47848
Warrick	Robert H. Terry, Boonville	David L. Evans, 2424 Ferry St., Lafayette 47904
Washington	Charles B. Carly, Pekin	George L. Compton, 219 N. Independence, Tipton 46072
Wayne-Union	William R. Stilwell, Richmond	Mrs. Carole Rust, Exec. Dir., 421 N. Main St., Evansville 47711
Wells	Louis F. Bradley, Bluffton	James W. Cristee, 400 8th Ave., Terre Haute 47804
White	Max L. Fields, Monticello	William L. Purcell, Exec. Secy., P.O. Box 986, Terre Haute
Whitley	Claude J. Heritier, Columbia City	Parks M. Adams, Jr., 1103 N. Wayne St., N. Manchester 46962
		Carlos M. Ruiz, 123 S. Second St., Boonville 47601
		Thomas R. Northcott, 102 N. Harrison, Salem 47167
		Richard M. Butler, Reid Memorial Hospital, Richmond 47374
		James E. Umphrey, 303 S. Main St., Bluffton 46714
		Nolan A. Hibner, 222 S. Main St., Monticello 47960
		John Vogel, 215 E. Van Buren, Columbia City 46725

# ISMA Committees and Commissions for 1978-1979

## COMMITTEES

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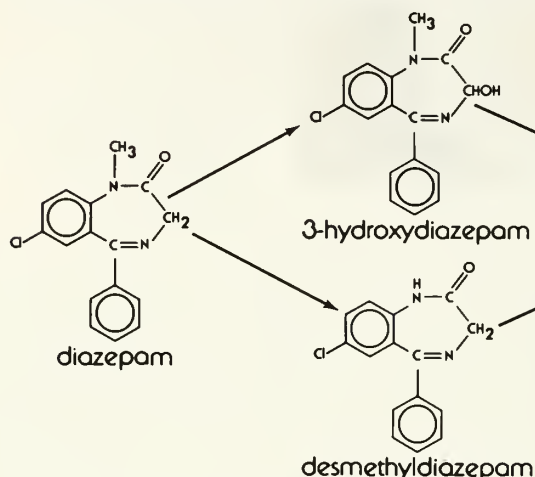
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Indiana Medical Political Action Committee

**in  
1978**

SPECIAL REPORT  
Page 19

# A pharmacokinetic character all its own



**Valium (diazepam) is a benzodiazepine with a distinctive pharmacokinetic profile**

The pharmacokinetic profile of Valium is one of the characteristics that sets it apart from other benzodiazepines. Consider, in particular, the metabolic pathway of Valium. The three major metabolites of Valium exhibit significant pharmacologic activity—and so, of course, does the parent substance—diazepam itself. All combine to produce the characteristic clinical response seen with Valium. The response you have come to know, to want and to trust.

Pharmacokinetic studies also demonstrate that Valium has a pattern of absorption, distribution, metabolism and elimination that is reliable and consistent. And, although the pharmacokinetics of a drug cannot, at present, be specifically related to its clinical effects, it is clearly a factor that distinguishes one product from another by providing important insights into how each moves through the patient's body.

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2-mg, 5-mg, 10-mg scored tablets  
a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

**Indications:** Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due

to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

The effectiveness of Valium (diazepam) in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The

physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients.

Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.



Roche Laboratories  
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# MEDICAL MUSEUM NOTES



CHARLES A. BONSETT, M.D., Indianapolis

May 1, 1978 marks the 100th anniversary of the Floyd County Medical Society. A grand celebration is planned to commemorate the occasion (about which more will be told in next month's issue of *The Journal*). This column is devoted to two Floyd County physicians who had made their marks and passed into history before the formal organization of the county's physicians took place.

These two physicians were **Asahel Clapp** and **John Cook Bennett**. Their professional activities have made Floyd County's medical history one of the most unusual and interesting in the entire state.

Floyd County is located on the Ohio River. Its County seat, New Albany, was an early competitor of Louisville and Cincinnati for the river traffic in the heyday of the steamboat.

## DR. CLAPP

It was in the founding year of this county (1817) that Dr. Clapp came to New Albany from Vermont, where he had obtained a medical education by the preceptor system. He settled in New Albany and in a short time married a daughter of one of the Scribner brothers, founders of the town.

The first attempt to organize Indiana physicians on a state-wide basis took place in 1820 at Corydon. Dr. Clapp was elected president of this society, then in existence only a few years. He was only 27 years old at the time. By age 57 he was the second president of the more permanent organization, The Indiana State Medical Society, organized in 1849.

His most ambitious medical endeavor was compiling the **Systematic Catalog on the Medicinal Plants of the United States**. This impressive collection of more than 200 pages was published in 1852 in the **Transactions of the American Medical Association**.

New Albany was unique among early Indiana towns in that it provided for a public school system from its inception. Dr. Clapp became superintendent of this system in 1830. Besides his educational and botan-

ical interests, he was noted for his interest in geology and for a remarkable collection of fossils.

## DR. BENNETT

The second physician, Dr. Bennett, lived only briefly in New Albany. He had come to Indiana from Ohio, where he was reared, where he received his medical training through the apprenticeship system, and where he had unsuccessfully attempted to establish a medical school. He later attempted to establish a medical school in Wheeling, W.V. In addition to his interest in medicine, he also became a Methodist minister as well as a minister of the Disciples of Christ. (The New Albany clergy later disowned him in these endeavors.)

Dr. Bennett received a charter from the General Assembly in 1833

to establish a Christian college at New Albany. A college was never built because Dr. Bennett felt that formal education was a waste of time. He did, however, have a number of diplomas prepared bearing the signature of "John Cook Bennett, M. D., LL. D., Chancellor of the University of Indiana." Dr. Bennett then toured the country, giving the diplomas to those candidates who could "pass" his examination.

Dr. Bennett's New Albany endeavor represents the first attempt to establish a medical school in Indiana.

It is interesting to speculate what could have happened to this school if the Floyd County Medical Society had been organized 50 years earlier, and if Dr. Asahel Clapp had been one of its founders.

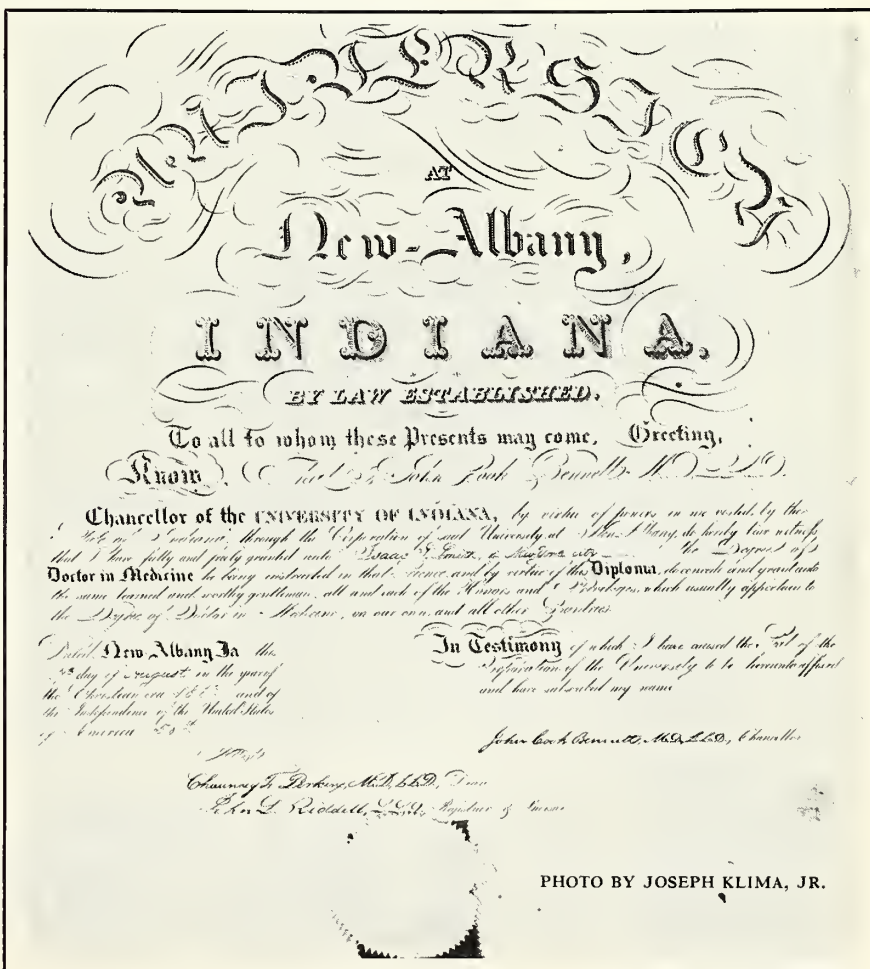


PHOTO BY JOSEPH KLIMA, JR.

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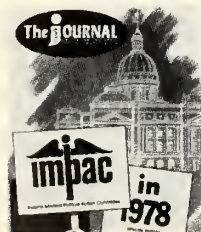
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ESTATES

# EDITORIALS

## Editorial Notes . . .

Cost control schemes are necessary in the Medicaid drug program. Strict drug price and availability controls, as practiced in California, do not provide as economical a system as that used in Texas. Their system is relatively simple and works better on correcting problems and inefficiencies. Expenditures in California were 9% higher per recipient in 1975. According to an analytical study by Sudovar and Rein, supported by Hoffmann-LaRoche, California in that year would have spent some \$14 to \$16 million less if it had operated under the Texas system.

The new 1,280-bed Walter Reed Army Medical Center now under construction in Washington will include \$2.5 million of electronic patient monitors. Included are seven patient data management systems, six arrhythmia monitoring systems, and monitoring instruments for more than 125 beds to collect such medical information as ECG, respiration, temperature and blood pressures. Of these, 112 will be linked to and monitored continuously by computers that provide instant review.

The FDA is working on a new set of rules for drug testing on prisoners. Whether the new regulations will provide new standards or whether the practice of clinical research will be almost impossible in prisons is not known. When conducted carefully, drug trials with prisoners as subjects have been, in most instances, an almost ideal method. The subjects are controlled enough to insure proper dosage, immediate attention to untoward reaction, and accurate observation of clinical effects. It is to be hoped the program will be continued, even though under stricter rules. Most prisoners are willing and cooperative, many of them ap-

parently feeling that serving as a research subject provides a method of repaying society for derelictions in the past.

"School administrations should develop a set of written policies and procedures to handle medical emergencies and the administration of medication in schools." This is the recommendation of the American Academy of Pediatrics. They recommend, "Two or more regular members of the school, in addition to a school nurse or physician, should be trained in a standard Red Cross course or have training as an emergency technician." Good advice for schools and every other activity: factories, offices, construction gangs and transportation people—everybody.

The FDA and the National Cancer Institute (NCI) are conducting a nationwide study on the possible role of saccharin in causing bladder cancer in humans. The project will last about 18 months. The study will include about 3,000 people with bladder cancer diagnosed during 1978 and 6,000 randomly chosen healthy individuals living in the same areas. Other factors that may play a role in bladder cancer also will be studied.

The FDA has added "no smoking" to the information requirements for birth control pills. The information will be contained in a brochure and in a separate easy-to-read summary. Both publications will be dispensed with each prescription. The warning reads: "Cigarette smoking increases the risk of serious adverse effects on the heart and blood vessels from oral contraceptive use. This risk increases with age and with heavy smoking (15 or more cigarettes per day) and is quite marked in women over 35 years of age. Women who use oral contraceptives should not smoke."

CONTINUED ON PAGE 364

## The JOURNAL of the INDIANA STATE MEDICAL ASSOCIATION

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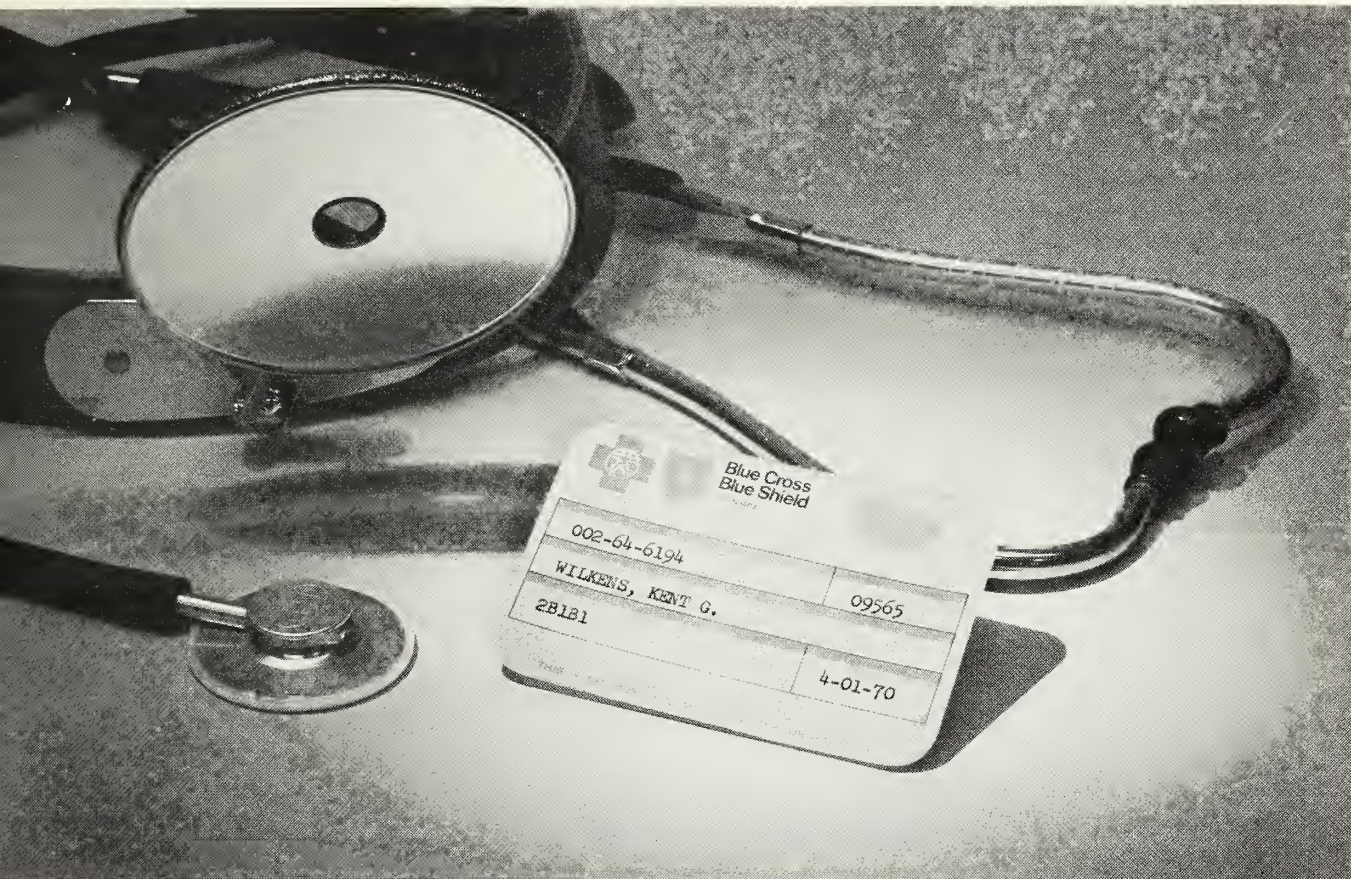
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# The Physician: An Endangered Species

L. A. ARATA, M.D.  
Shelbyville

We physicians are perhaps the last generation of a respected and proud profession that is in the process of becoming extinct. How and why? By the process of revolution rather than evolution. Few could see where we were heading; but now the handwriting seems clearly inscribed on the wall. All that remains is the completion of the message and the inexorable execution of that message of doom.

I think it started in the 1960s with Medicare and Medicaid and the bureaucratic bungling hand of Big Brother Bureaucracy (BBB). Once the blighting hand of BBB had been laid heavily on the profession, the outcome became as inexorable as an ancient Greek tragedy drama. BBB can operate only by a rule book, a book more rigid than any religious dogma; every detail of medical and patient care must be according to inflexible rules.

It matters not if individual patients or circumstances fail to fit the rules. If such circumstance does occur, the patient or illness must be changed to fit the rules. BBB can tolerate no deviations.

Also endangering the physician as a viable species is the dismemberment of the patient. Since only the physician has been trained to see the patient as a person-with-an-illness, rather than an illness in a "laundry list" of illnesses that affect a person-reduced-to-a-computer-card, it becomes necessary to get the physician out of the picture as soon as possible; such action is in progress. Get the patient reduced to a series of bits and pieces, computerize each bit and piece, and give each bit and piece to someone who will specialize in only one part of the system. Rapid progress is being made in the system. The patient is rapidly being dismembered, and the parts are being distributed to cooperating non-physicians for processing.

Psychologists and psychiatric social workers want to take over the supra-tentorial problems; optometrists, all eye care; respiratory therapists, all that wheezes or has dyspnea; coronary care unit nurses and technicians, the care of all extrasystoles and arrhythmias.

Gynecology goes into the hands of the Birth Control Clinic; impotence and dyspareunia, to the sex therapists. The musculo-skeletal system is being argued over by the chiropractors and the biofeedback technicians, and is currently in an undecided position; everything below the lumbo-

sacral joints is being claimed by the podiatrists; child immunizations can be given in free "shot" clinics; tonsillectomies are to be eliminated completely.

There is not much left for the physicians to look at or to do. Mass laboratory screening by SMA12, SMACK, or even greater automated screening tests tell what is wrong, and the cook-books of PSRO, utilization committees, and other bureaucratic bungling alphabet chop sueys give the recipes for hospitalization and therapies. Pharmacists are insisting on their ability to prescribe the best medications once the diagnosis has been arrived at by the mass screenings. Zero population growth fanatics are trying to eliminate obstetrics. And nurse midwives are capable of handling the few pregnancies that get to term over the zealous birth control clinics and abortionists.

Health planners and the bumbling bungling bureaucratic big brothers are in the political drivers seats. They are even speeding development of my attempted ultimate therapy machine patterned after a telephone booth in which one dials his symptoms, inserts his credit card, pulls down his trousers, and is automatically injected with the proper medicine in the proper dose.

All in all, I see a rather bleak future for physicians and clinicians. The heart transplant market seems limited by a shortage of willing donors, and only a few of us will find employment signing death certificates.

Since this "progress" in the health care system represents a break with the tradition of the physician as the Number 1 healer, and since people generally cling to traditions, it has become necessary to convince people that they will be better off without physicians: hence, the loudly and carefully orchestrated attacks on our profession and on our treatment of patients.

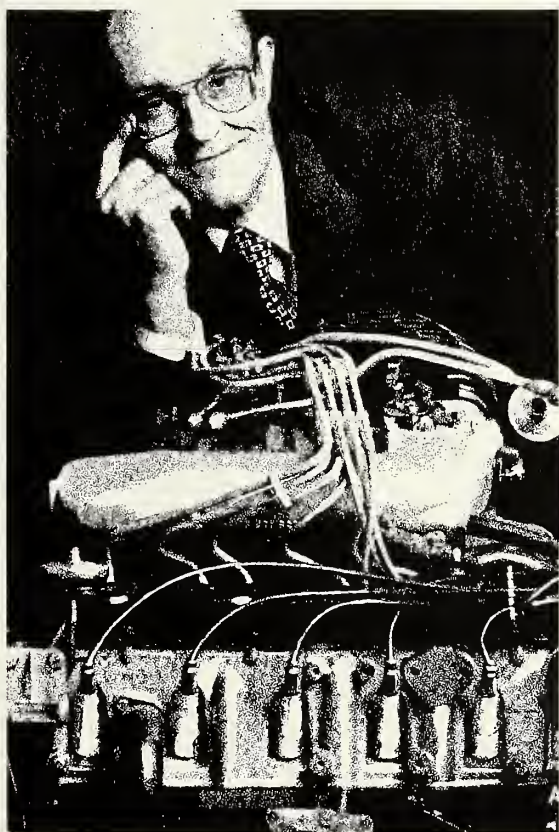
The new system will be infinitely more expensive but the public's tax dollars are of no significance to BBB. What matters is control of people—power over people's lives and activities. BBB wants power and total control. To gain that control, the medical profession must be destroyed.

We as a profession lack the money and the manpower to hold out forever against the overpowering strength and resources pitted against us. We lack powerful allies to aid us in our fight for survival; hence, I see us as another endangered species. The fate of the patient is even bleaker!



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AN INTERVIEW WITH FRANZ HAUKE, ENGINE DESIGNER



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**Was the big problem keeping the engine in balance?**

Hauke: No, why? Because of the odd number? Nowhere is it written that an engine must have an even number of cylinders in order to be balanced. The plain fact is that engineers just automatically think in terms of 4, or 6, or 8, or 12. Our engine is balanced, I assure you. And it wasn't so difficult, really.

**Were there any advantages to dropping a cylinder?**

Hauke: I didn't drop a cylinder. I wanted 5-cylinders from the start. But yes, there were several other advantages. For one thing, the shorter engine allowed for a lower look up front. A lower nose also has the advantage of cutting wind resistance and putting less strain on the engine. One less cylinder also means less weight and greater efficiency.

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Hauke: We tested 100 cars in the U.S. and Canada for so many months, we learned to order eggs "over easy." To my knowledge, no imported car manufacturer has ever done so much testing on such a large scale before. It was the only way we could truly know how the engine and the entire car perform under all your driving and weather conditions.

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\* \* \*

Stuart Pharmaceuticals announces FDA clearance for a new drug for the palliative treatment of advanced breast cancer in postmenopausal women. It is an antiestrogen. The trademarked name is Nolvadex® (tamoxifen citrate). Nolvadex offers convenient oral therapy and avoids or minimizes many of the serious side effects often associated with breast cancer therapy. Experience with it in Europe has amounted to more than 10,000 patient-years.

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**Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.

Final classification of the less-than-effective indications requires further investigation.

**Contraindications:** Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Physical and psychological dependence rarely reported on recommended doses, but use caution in administering Librium® (chlordiazepoxide HCl) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions) reported following discontinuation of the drug.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.

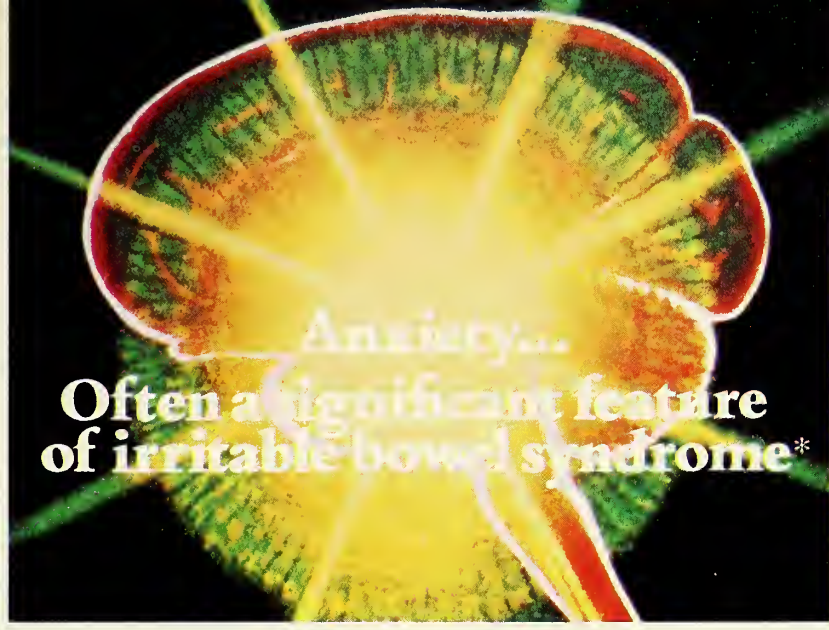
As with all anticholinergics, inhibition of lactation may occur.

**Precautions:** In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression, suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established.

**Adverse Reactions:** No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated, avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.



Roche Products Inc.  
Manati, Puerto Rico 00701



The action of  
**Librium®**  
(chlordiazepoxide HCl)

A significant advantage  
of adjunctive

**Librax®** Each capsule contains  
5 mg chlordiazepoxide HCl and  
2.5 mg clidinium Br.

**Antianxiety**  
**Antisecretory**  
**Antispasmodic**

Librax is unique among G.I. medications in providing the specific antianxiety action of Librium® (chlordiazepoxide HCl) as well as the potent antisecretory and antispasmodic actions of Quarzan® (clidinium Br) for adjunctive therapy of irritable bowel syndrome\* and duodenal ulcer.

Librax has been evaluated as possibly effective for this indication.  
Please see brief summary of prescribing information on preceding page.



# THREE-IN-ONE THERAPY AGAINST TOPICAL INFECTION



## Neosporin<sup>®</sup> Ointment

(Polymyxin B-Bacitracin-Neomycin)

This potent broad-spectrum antibacterial provides overlapping action to help combat infection caused by common susceptible pathogens (including staph and strep). The petrolatum base is gently occlusive, protective and enhances spreading.

### Neomycin

*Staphylococcus*  
*Haemophilus*  
*Klebsiella*  
*Aerobacter*  
*Escherichia*  
*Proteus*  
*Corynebacterium*  
*Streptococcus*  
*Pneumococcus*

### Bacitracin

*Staphylococcus*  
*Corynebacterium*  
*Streptococcus*  
*Pneumococcus*

### Polymyxin B

*Pseudomonas*  
*Haemophilus*  
*Klebsiella*  
*Aerobacter*  
*Escherichia*

*In vitro* overlapping antibacterial action of Neosporin<sup>®</sup> Ointment (polymyxin B-bacitracin-neomycin).



Burroughs Wellcome Co.  
Research Triangle Park  
North Carolina 27709

## Neosporin<sup>®</sup> Ointment

(Polymyxin B-Bacitracin-Neomycin)

Each gram contains: Aerosporin<sup>®</sup> brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs; in tubes of 1 oz and 1/2 oz and 1/32 oz (approx.) foil packets.

**WARNING:** Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of the body surface is

affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching, it may be manifest simply as failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

**PRECAUTIONS:** As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

**ADVERSE REACTIONS:** Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept. PML.

# TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSURE **DYAZIDE®**

Each capsule contains 50 mg. of Dyrenium® (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

## MAKES SENSE

Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

### Warning

This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

**Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

**Contraindications:** Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

**Warnings:** Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum  $K^+$  levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict  $K^+$  intake. Associated widened QRS complex or arrhythmia requires prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

**Precautions:** Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids).

Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum  $K^+$  frequently; both can cause  $K^+$  retention and elevated serum  $K^+$ . Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis.

'Dyazide' interferes with fluorescent measurement of quinidine.

### Adverse Reactions:

Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions;

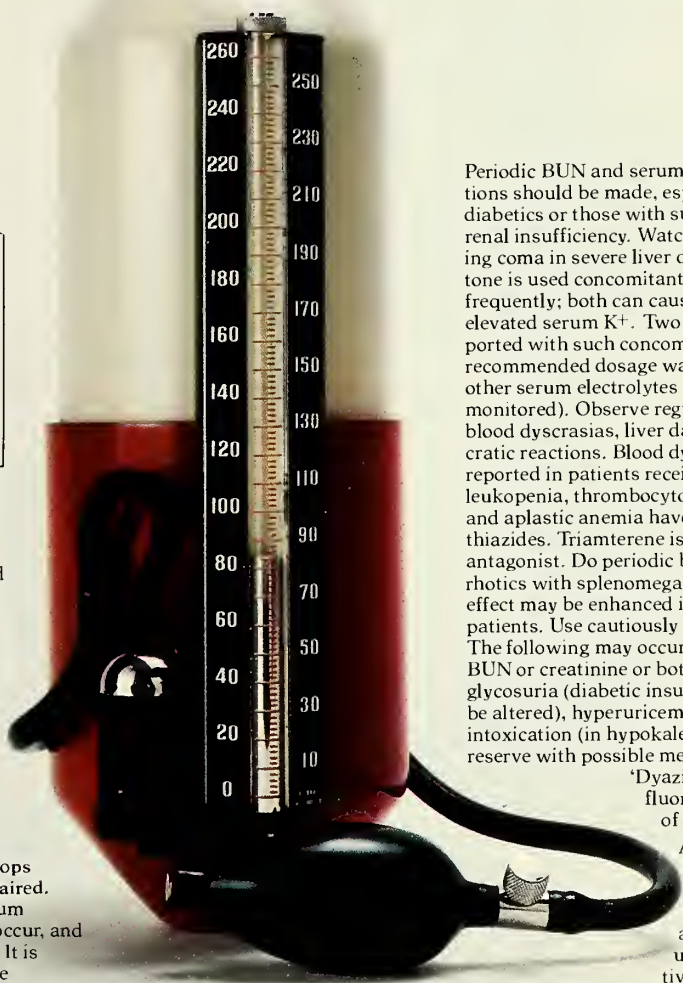
nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

SK&F CO., Carolina, P.R. 00630

**FOR LONG-TERM CONTROL  
OF HYPERTENSION\*  
SERUM  $K^+$  AND BUN SHOULD  
BE CHECKED PERIODICALLY.  
(SEE WARNINGS SECTION.)**

**SK&F CO.**  
a SmithKline company



# **COLBY PROCLAIMS WOMAN SUFFRAGE**

**Sigs Certificate of Ratification  
at His Home Without  
Women Witnesses.**

**MILITANTS VEXED AT PRIVACY.**

**Wanted Movies of Ceremony,  
But Both Factions Are**

**WASHINGTON, Aug. 29, 1920—**  
The struggle for woman



## **TRUMAN CLOSES UNITED NATIONS CONFERENCE WITH PLEA TO TRANSLATE CHARTER INTO DEEDS**

### **NEW WORLD HOPE**

**President Hails 'Great  
Instrument of Peace,'  
Insists It Be Used**

### **HISTORIC LANDMARK**

**Meeting Gives Standing  
Ovation as Executive  
Pictures Peace Gain**

# **Social Security Bill Is Signed; Gives Pensions to Aged, Job**

**Roosevelt Approves Message Intended to Benefit 30,000,000  
Persons When States Adopt Cooperating Laws—He Calls  
the Measure 'Cornerstone' of His Economic Program**

## **SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS**

**Amendment to Constitution  
is Sent to House, Where  
Passage is Expected**

**WASHINGTON, March 10,  
1971—The Senate approved  
today, 94 to 0, and sent to**

**WASHINGTON, Aug. 14**  
The Social Security Bill, providing a broad program of unemployment insurance and old age pensions, and counted upon to benefit 20,000,000 persons, became law today when it was signed by President Roosevelt in the presence of those chiefly responsible for bringing it through Congress.

Mr. Roosevelt called the bill "the cornerstone of a new social security system which is being built to meet the needs of a new era."

# **the Draft Ends No**

**WASHINGTON, Jan. 27,  
1973—"With the signing of  
the peace agreement in  
Paris today, and after re-  
ceiving a report from the  
Secretary of the Army that**



---

# PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

---

*The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.*

*The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.*

## **The Advantages**

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy—and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

## **The Disadvantages**

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information

is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

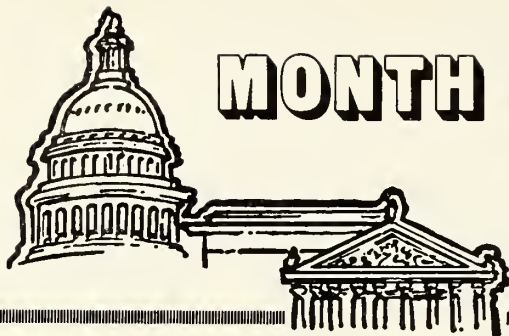
## **The Solution**

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.



THE PHARMACEUTICAL MANUFACTURERS ASSOCIATION  
1155 FIFTEENTH ST., N. W., WASHINGTON, D. C. 20005



# MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and airmailed to The Journal on the first of each month preceding month of issue.

**The fate of the plan for federal controls on hospital revenues** may be decided shortly in a crucial Congressional arena—the House Ways and Means Subcommittee on Health.

The Subcommittee has before it the Administration's plan for a flat 9% ceiling on hospital revenue increases and the proposal by Subcommittee Chairman Dan Rostenkowski (D-Ill.) for a standby federal control plan if the voluntary effort fails. Many members of the Subcommittee are opposed to both approaches and the final vote may be close.

(The voluntary effort—VE—is a broad national program led by the American Hospital Association, the American Medical Association, and the Federation of American Hospitals that seeks to achieve significant reductions in the rate of increase in hospital costs over the next several years. It has a national steering committee and state-level committees in all but one or two states.)

In a speech before the American Hospital Association's Annual Meeting, Rostenkowski had set forth his plan as a possible compromise that might secure the backing of health providers. He said the controls would take effect only if the voluntary effort to curb costs failed to reach its goal of a 2% drop in the annual rate of hospital revenue increases.

However, the AHA said the Rostenkowski plan "would have an adverse impact on the efforts already underway in the voluntary effort for hospital cost containment."

"Furthermore," the Association said, "arbitrary caps on hospital revenues are tantamount to wage-price controls on one segment of an industry and, as such, are inequitable and administratively unworkable."

Rostenkowski had told the AHA that his subcommittee was evenly divided on the Administration's proposal for a flat 9% cap on all hospital revenue boosts and a limitation on capital expenditures. He said he would seek to push his standby plan as a possible way out of the impasse.

The AHA, however, sent a Washington alert to all members strongly opposing the Rostenkowski standby control plan.

The AHA contended in its alert that Rostenkowski's triggering mechanism for the revenue cap "could place the legislative controls in effect despite a successful voluntary effort. For example, the voluntary effort will be deemed to have failed even if the rate of increase in costs is reduced by 4% or more in the next two years, but the decrease is the sum of a greater than 2% reduction the first year, and a less than 2% reduction the second."

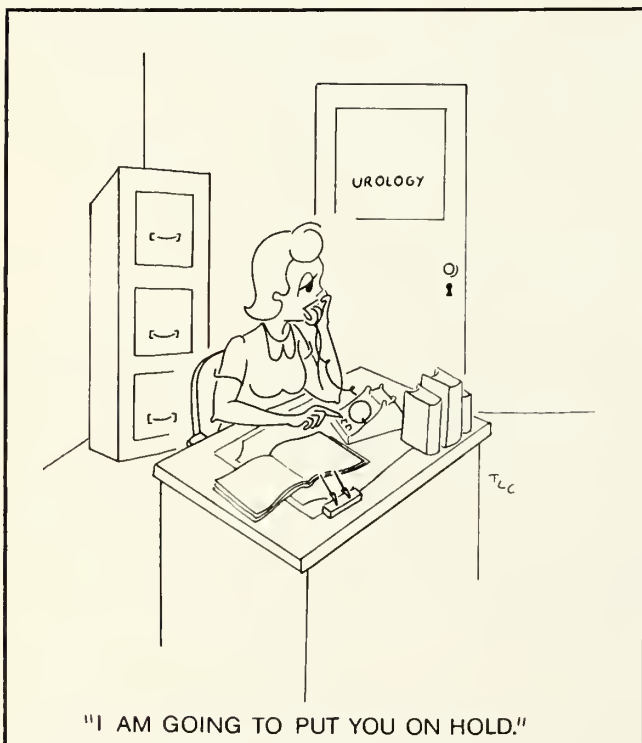
In later years "if the rate ever increases beyond the prior year level, no matter how small or how justified the increase might be (i.e. as a result of uncontrollable factors in the economy), the legislative revenue cap would go into effect."

The triggering mechanism, according to the AHA, "would destroy the incentive to reduce costs voluntarily. If hospitals in the aggregate reduced their costs as much as possible in one year, they could find it more difficult to cut as much the next. On the other hand, if hospitals limit their efforts in the first year, they probably would be in a better position to sustain their level of effort the following year. In other words, the provisions of the triggering mechanism would hamper efforts to reduce costs as rapidly as possible."

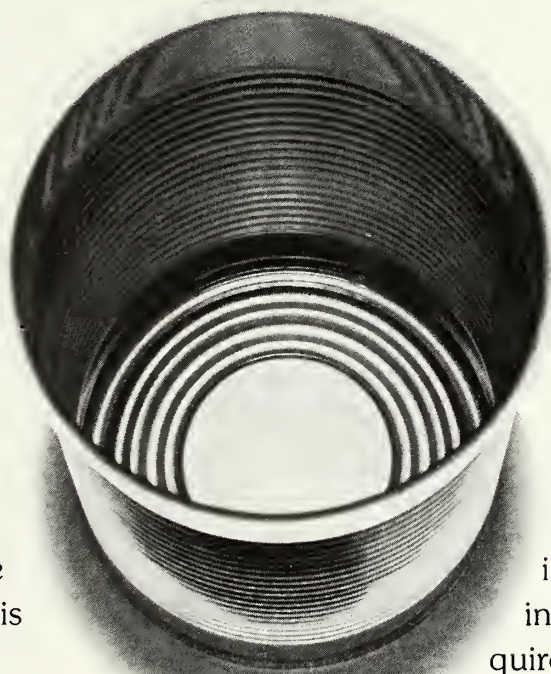
In addition, the triggering mechanism does not take into account changes in inflation or gross national product increases from year to year, according to the AHA. "The voluntary effort provides that its goal be adjusted in accordance with the changes in the rate of increase (inflation plus real growth) in the GNP," said AHA.

The Ways and Means Subcommittee is acting under time pressure caused by the new budget procedures in Congress. The full Committee was to have ready by March 1 a statement on the budget impact of the legislation it is expected to approve this year.

CONTINUED ON PAGE 374



# NOW a two-piece 14oz. can for Soyalac



A two-piece can means no soldered seam. No solder means no possibility of lead contamination from the container. Soyalac is the first infant formula with this packaging innovation.

There are improvements, too, in the formulation. Soyalac now has 25% more iron than known competitive hypoallergenic milk-free formulae. In fact, the entire formula has been slightly modi-

fied to reflect the current U.S. RDA levels set by the Food and Drug Administration.

Soyalac—formula for infants on regular feeding and for those who require milk-free diets; concentrate and single strength, ready-to-use. Made from the whole soybean. I-Soyalac concentrate, made from soy isolate, with no soy carbohydrates and **no corn products**.



For detailed information and samples call or write:

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LOMA LINDA FOODS  
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Mount Vernon, OH 43050  
(614) 397-7077

**Loma Linda®**

# MONTH IN WASHINGTON

CONTINUED FROM PAGE 372

Representatives from 17 state medical societies (including Indiana) recently visited their Congressmen in Washington to give their views on important pending health bills in a one-day legislative blitz.

Fifty-five physicians, medical society executives and other officials took part in the visitation sponsored by the AMA.

At the direction of the government, health insurance carriers are mailing letters to the nation's physicians listing their total dollar Medicare business last year. Physicians have 30 days in which to review the figures and return them to the carrier with comments or changes.

The totals for all physicians will be available to the public at the offices of the carriers, the regional offices of HEW, and at Medicare's main office in Baltimore.

The compilation is a follow-up to the decision by HEW last year to publish the names of physicians who did more than \$100,000 a year in Medicare business. HEW Secretary Joseph Califano said the "sunshine" laws regarding public scrutiny of federal operations require public disclosure.

Under the new approach now being carried out, there is no \$100,000 cut-off. All Medicare total payments to physicians for the previous calendar year will be open to those seeking the specific information.

The physicians will receive the total payments to them under Medicare assignment as well as total Medicare payments to their patients not on assignment.

The cost of gathering such figures for the carriers is expected to be more than \$1 million, which the government will subsidize.

To see if laetrile has any documentable anti-tumor effects, the National Cancer Institute will collect medical records from cancer patients who have used the controversial drug.

Laetrile is now available in 14 states, and NCI officials hope data from the large number of patients thought to be using the drug will be decisive in deciding whether or not to proceed to clinical trials. Laetrile has failed to show a reproducible anti-tumor effect in at least a dozen animal trials.

According to NCI's Neil Ellison, M.D., the same criteria used in judging case reports of other cancer therapies will be used to judge laetrile. Cancer diagnosis in patients submitting records will have to be proven by biopsy, and objective evidence of anti-tumor effects will have to be shown by x-ray, scanning, physical examination, or other means.

NCI is interested in patients who used laetrile with or without the metabolic therapy and chelating agents now being advocated by laetrile proponents.

The government has issued new rules requiring health maintenance organizations (HMOs) to make their services available and accessible around the clock, to operate on a fiscally sound basis, and to create governing bodies with more consumer representation.

In addition, the regulations cut the paperwork for Medicare and Medicaid patients who enroll in HMOs.

One change would reimburse HMOs that serve Medicare patients for the cost of insurance the HMOs buy against catastrophic illness among their members.

All whole blood drawn after May 15, 1978, for transfusion must be labeled "paid" or "volunteer" donor.

The final regulation of the FDA specifies that persons who do not receive monetary payment for blood are classified as volunteers. The "volunteer" designation includes those who receive benefits other than money, such as membership in a blood assurance program or leave from work.

The labeling requirement also covers red blood cells, anti-hemophiliac factor, platelet concentrate, and single plasma.

The blood labeling rule caps a lengthy nationwide debate on national blood policy. In issuing the regulation, FDA Commissioner Donald Kennedy, PhD, said the labeling rule is "consistent with the goals of the government's national blood policy to move the country to an all volunteer system."

The incidence of post-transfusion hepatitis has been reported to be three to ten times higher with blood from paid donors versus blood from volunteers.

Dr. Kennedy said that 10,000 to 30,000 cases of post-transfusion hepatitis occur each year in the United States with at least 400 deaths resulting.



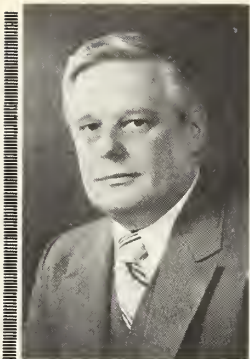
# Kefzol® I.M./I.V. cefazolin sodium

Ampoules, equivalent to 500 mg., 1 Gm.,  
and 10 Gm. of cefazolin



700773

Additional information available  
to the profession on request.  
Eli Lilly and Company  
Indianapolis, Indiana 46206



# TAX TIPS

LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's lawyer before applying the data in this article to a particular fact situation.

This article continues my discussion of the gift and estate tax sections of the Tax Reform Act of 1976 (TRA) and the proposed changes which are in the Technical Corrections Bill (TCA).

The TRA and the TCA made significant changes in section 2040.

Section 2040 provided (and still does) that if an individual dies when the title to personal or real property is in the decedent's name and someone else's name as joint tenants with rights of survivorship or as tenants by the entirety, then the value of the property (at the decedent's death or at the alternate valuation date) will be includable in the decedent's gross estate, for estate tax purposes, to the extent of the value of the decedent's percentage contribution for the acquisition of the property.

Further, prior to the TRA, this rule applied even though the decedent (or the decedent's spouse) had made the election (under section 2515) to have real estate (which was in the names of the spouses as tenants by the entirety or as joint tenants with rights of survivorship) taxable for gift tax purposes. Under prior law, if the decedent made the section 2515 election for gift tax purposes, paid a gift tax, died, and had the property includable in the decedent's gross estate for estate tax purposes under section 2040, then the decedent was usually entitled to a credit (under section 2012) against the estate tax for the gift tax so paid.

However, after the TRA, section 2040 provides that if the survivorship interest was created after 1976 and was taxable for gift tax purposes to either the decedent or to the decedent's spouse (because the interest was either in personal property with the decedent's spouse, or, because the interest was in real estate with the decedent's spouse and either the decedent or the decedent's spouse elected to have the creation of the joint interest subject to gift taxation, under section 2515), then half of the value of the property (at the decedent's death or at the alternate valuation date) will be includable in the decedent's gross estate (or, in the gross estate of the "decedent's" spouse, if the spouse predeceases the decedent) for estate tax purposes. In such a case, the decedent will be considered to have contributed half of the consideration for the acquisition of the property—regardless of the percentage of contribution the decedent actually made.

However, in all other cases, the decedent's gross estate will include the value of the property which is based upon the decedent's actual percentage contribution for the acquisition of the property. These latter cases are situations in which spouses created, either before 1977 or after 1976, an interest in real estate (either as joint tenants with rights of survivorship or as tenants by the entirety) but did not elect to subject the creation of the joint ownership to gift taxation; and, situations in which such spouses created the joint interests in personal property prior to 1977; and, situations in which the joint owners are not each other's spouse and the creation of the joint interests is in either personal or real property and was created either before 1977 or after 1976.

The interest of spouses in jointly owned personal or real property which is eligible for the special treatment (for the exclusion of one-half of the value of the property) under section 2040, is referred to, under section 2040, as a qualified joint interest.

In the past, as now, a donor spouse might want to elect section 2515 election (to subject real property to gift taxation upon

the creation of a joint interest with rights of survivorship with the donor's spouse or upon the creation of a tenancy by the entirety with the donor's spouse) in a case in which three conditions were met, namely, where: the donor spouse anticipated that the property would significantly increase in value; the spouses intended to sell the property after such increase; and, the spouses intended to divide the sole proceeds between the spouses. In this situation, there could be a gift tax saving to the donor spouse by electing to pay the gift tax on the initial, and lower value, rather than paying the gift tax on the increased value. Further, because as for as section 2040 now is concerned, the section 2515 election will exclude half of the value of the property from the gross estate of the first joint tenant to die, there is now an additional reason for a donor to make the section 2515 election. In fact, after the TRA, making the section 2515 election might not even bring about the imposition of a gift tax because of the donor's \$3,000 annual exclusion for a gift of a present interest (under section 2503) and the new gift tax marital deduction (under section 2523) and the new unified gift tax credit (under section 2505). However, if the donee spouse dies first, then all of the opposite advantages of the section 2515 election might be reversed.

While both the law in existence prior to the TRA and the TRA are clear as to the method for making an election under section 2515 concerning property acquired after 1976, namely, by filing a gift tax return for the calendar quarter during which the tenancy was or is created, the TRA was not clear as to the method for making the section 2515 election in respect to: (1) property which was acquired prior to 1977 and during the calendar quarter in which the joint tenancy was created, either (in the case of real property) no prior section 2515 election was made or (in the case of personal property) no appropriate gift tax return had been filed; or, (2) property acquired prior to 1977 and for which a prior section 2515 election had been made, or, for which a gift tax return had otherwise been filed.

To solve these problems, relating to pre-1977 creations of such joint interests, the TCA provides (in one sense, oddly enough, because the TCA would amend section 2040) as follows. In the case of any such joint interest created prior to 1977 and which (if created after 1976) would have constituted an interest for which the donor could have made an election under section 2515 (because the property was real estate held between spouses with survivorship rights or was personal property held between spouses with survivorship rights, and thus, in the latter case, the creation of the joint interest would have automatically been subject to gift taxation), the donor may make the election to subject the property to gift taxation after 1976, and, insofar as section 2040 is concerned, have only one-half of the value of the property includable in the gross estate of the first joint spouse to die. Unfortunately, as far as the current wording of the TCA is concerned, this election may only be made for any calendar quarter in 1977, 1978 or 1979. The election may be made by the donor by filing a gift tax return for such quarter. However, the election may not be made after the death of the donor. In addition, the election may be made regardless whether the amount involved exceeds the \$3,000 exclusion for gifts of present interests under section 2503.

CONTINUED ON PAGE 378

# When **impotence** due to androgenic deficiency is driving them apart



**Android<sup>®</sup>-5** Buccal  
Tabs  
**Android<sup>®</sup>-10** Oral  
Tabs  
**Android<sup>®</sup>-25** Oral  
Tabs

**Methyltestosterone U.S.P. – 5, 10, 25 mg.**

**Additional Indications:**  
**REPLACEMENT THERAPY. When Androgen Deficiency is cause of:**

- Male Climacteric
- Eunuchoidism, Eunuchism
- Post-Puberal Cryptorchidism

## **New Double-Blind Study ANDROID-25 vs. Placebo\***

\*R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.; Hormones for Improved Sexuality in the Male and Female Climacteric. **Drug Therapy**, Sept. 1976.

**DESCRIPTION:** Methyltestosterone is 17 $\beta$ -Hydroxy-17-Methylandrosta-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunuchism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-puberal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric,

avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE**

**REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. In the male: Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchidism, 30 mg. **REFERENCE:** Robert B. Greenblatt, M.D., and D. H. Perez, M.D.: "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.



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# There's a Word for It

RICHARD J. NOVEROSKE, M.D.  
Evansville

For some years the large artery that arises from the arch of the aorta and divides into the right subclavian artery and the right common carotid artery officially has been named "the brachiocephalic artery." And this name seems to be a good one, for this artery does supply the head and an arm.

But you seldom hear this term used in clinical medicine. Instead, the brachiocephalic artery is commonly called by its older, more deeply ingrained term, "the innominate artery." "Innomi-

nate" is a shorter word than "brachiocephalic." We prefer to use shorter words in our English language, and that is probably part of the reason why "innominate" hangs on so tenaciously.

But there is probably at least one other reason. "Innominate" is a strange word; it literally means "unnamed." With so much concern in anatomy about identifying and naming structures properly, it seems bizarre to speak of an artery as "unnamed." The anatomists have tried to correct this impropriety, but we physicians, who use the science of anatomy in our work, are slow to make the change. Habits are our servants, but we are often slaves of habit.

## TAX TIPS

CONTINUED FROM PAGE 376

If the donor makes an appropriate election, then he is treated as having made the gift at the close of the calendar quarter for which he filed the return. The amount of the gift is determined as follows:

	(FMV of property at (date of the deemed 50% X (gift less FMV of (property at date of (creation of joint (interest		Donor's consideration at ) date of creation of joint ) interest less spouse's ) consideration of such time ) Total consideration of both ) spouses at date of creation ) of joint interest )
--	--	--	--

The formula does not appear to be sound in the sense that the first part only takes into account the excess of the fair market value of the property at the date of the deemed gift over the fair market value of the property at the creation of the joint interest. That is, ostensibly, in the case in which the donor spouse contributed all of the consideration for the property, and thus, the "consideration" part of the formula would be 100%, the 50% test would be applied only to the excess of the fair market value of the property at the date of the deemed gift over the fair market value of the property at the date of the creation of the joint interest. And, this would be proper where the donor has paid the appropriate gift tax, in the past, upon the creation of the joint interest. However, if the donor has never paid the appropriate gift tax, then, for example, if the excess is zero (for example, the fair market value of the property at both times is \$50,000), then the value of the gift would be zero (50% times \$0-). Obviously, in such an example, the value of the gift should be \$25,000, but the formula does not yield a gift of that amount, without imposing the modification of the formula, which modification is stated in section 2040 (c) (5).

That is, section 2040 (c) (5) states that in two situations, and for the purpose of the formula, the fair market value of the property on the date of the creation of the joint interest shall be considered to be zero. Thus, in these two situations, the excess fair market value (in the "fair market value" part of the formula) will always be equal to the fair market value of the property on the date of the post-1976 election to have the gift taxed for gift tax purposes.

The first situation is the one in which the gift was one of real property and the creation of the joint interest was not treated as a gross gift, for gift tax purposes, at the time of the creation of the joint interest. And, the second situation is the one in which the gift was of personal property and was required to be

included on a gift tax return but was not so included, and the period for assessment of the gift tax (under section 6501) has expired. Obviously, in these two cases, the donor has not paid a prior gift tax on the creation of the joint interest, and thus, the full gift tax is to be paid at the time of the election.

The proposed TCA amendment to section 2040 also addresses the situation in which a husband and wife had a joint interest in property with survivorship rights, and, after 1976, such tenancy was terminated, and after 1976, the husband and wife create a new joint interest (with survivorship rights) in the pre-1977 property (or in property which has a basis which reflects the pre-1977 basis). In this case, the "qualified joint interest rule" of section 2040 (which includes one-half of the value of the property in the gross estate, for estate tax purposes, of the first spouse to die) will only apply if the husband or wife makes the appropriate election which is described in the proposed TCA amendment.

Another point concerning the exclusion of one-half of the value of a qualified joint interest under section 2040 is that if the donor dies within three years after the creation of the joint interest, then the inclusion of the value of the property (for estate tax purposes) will be treated under section 2035, and this may result in the entire value of the property being included in the decedent's gross estate at the appropriate valuation date. However, because the statute is not clear about the point, the Regulations will have to address the situation in which the joint interest was created prior to 1977, and the donor makes the section 2515 election under the rules of the TRA and the TCA, and then, the donor dies more than three years after the creation of the joint interest but within three years of the section 2515 election. That is—will the making of the section 2515 election subject the property to treatment under section 2035 even though section 2035 would not have been otherwise applicable?

One final point about section 2040 is as follows. As in the case of pre-1977 gifts, if a donor does pay gift tax because of a post-1976 gift, and then, the value of the property is includable in the donor's gross estate, for estate tax purposes under section 2040, then the donor is entitled to a credit, for estate tax purposes, for the gift tax so paid—under the new method for computing the estate tax (namely, under section 2001).

If you would like a copy of my complete discussion of the major gift and estate provisions of the TRA and the TCA, you may obtain one (along with several other articles concerning the TRA) by writing: R & R Newkirk, Legal Department, Post Office Box 1727, Indianapolis, Indiana 46206.

Time is the test of all things.



#### BRIEF SUMMARY

**Indications:** Oral potassium therapy for the prevention and treatment of hypokalemia which may occur secondary to diuretic or corticosteroid administration. May be used in the treatment of cardiac arrhythmias due to digitalis intoxication.

**Contraindications:** Severe renal impairment with oliguria or azotemia, untreated Addison's disease, adynamia episodica hereditaria, acute dehydration, heat cramps and hyperkalemia from any cause.

**Precautions:** Potassium intoxication by oral administration rarely occurs in patients with normal kidney function, however, potassium supplements must be administered with caution, since the amount of the deficiency or daily dosage is not accurately known. Frequent checks of the clinical status of the patient, and periodic ECG and/or serum potassium levels should be made. High serum concentrations of potassium ion may cause death through cardiac depression, arrhythmias or arrest. This drug should be used with caution in the presence of cardiac disease.

In hypokalemic states, especially in patients on a low-salt diet, hypochloremic alkalosis is a possibility that may require chloride as well as potassium supplementation.

**Adverse Reactions:** Nausea, vomiting, diarrhea, and abdominal discomfort have been reported. The most severe adverse effect is hyperkalemia.

**Overdosage:** Potassium intoxication may result from overdosage of potassium or from therapeutic dosage in conditions stated under "Contraindications". Hyperkalemia, when detected, must be treated immediately because lethal levels can be reached in a few hours.

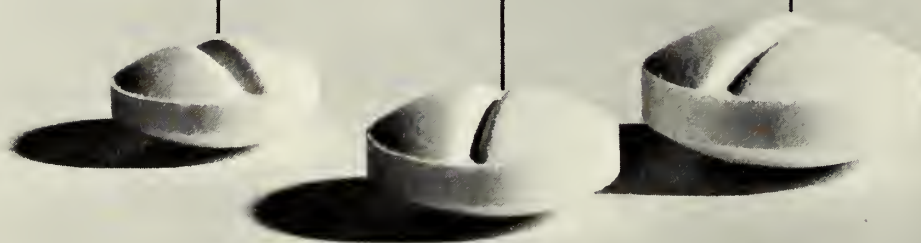
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This survey reinforces an article by J. Franklin Swaim, M.D., "The Private, Fee-for-Service Community Health Center" (JISMA, pp 644-646, July 1975). Dr. Swaim implemented a workable method of health care delivery that, in the words of Ms. Waldrop, "meets the needs and acceptance of our rural Indiana population."

BETTY J. WALDROP, R.N., M.A.  
Clinton

## ABSTRACT

# A Survey of Three Western Indiana Rural Community Health Centers

Dr. Frank Swaim, a general practitioner in Parke County, Ind., has developed a solution for providing health care services in the rural area surrounding his main office of practice in Rockville. Dr. Swaim believed that the vacuum of medical services left by the disappearing "country doctor" could be filled. In 1971, the first of three private, fee-for-service community health centers was established in Kingman; a second center was opened at Cayuga in 1974; and, in 1975, Russellville became the site of the third. These communities had lost their physicians to retirement, relocation, or health reasons, and replacements had not been found. The estimated area served by the health centers is 30 miles in diameter.

All three community health centers have operated as satellites of the Rockville office, which has a fully equipped laboratory, x-ray department and emergency facility. Each center has been staffed with a full-time nurse whose duties include

taking client histories, routine physical assessment, simple laboratory tests, giving prescribed immunizations and medications, and carrying out ordered treatments. Dr. Swaim and a certified physician's assistant rotate trips to each center, so that each is visited two to six times weekly. Each facility has maintained phone contact with Dr. Swaim at all times so that all care given by the nurse or physician's assistant is on his written or verbal order. Dr. Swaim has the legal responsibility for the entire health center complex.

The survey sample was limited to 50 clients at each health center.

Health care delivery in rural areas has come increasingly to the attention of health care providers in the last few years. Many approaches have been made toward solving the problem; however, for some rural areas solutions other than the traditional "physician in residence" have been sought.

Ms. Waldrop prepared this survey while she was a graduate nursing student at Ball State University. She is an Assistant Professor of Nursing at Indiana State University, Terre Haute.

Every other visiting client was surveyed. The instrument used in testing was a 20-item questionnaire. Statistical analysis consisted of frequency distribution and cross tabulation.

The hypothesis tested in this investigation was: The private fee-for-service community health centers are meeting the total health care needs of the clients they serve.

It was found that the greatest number of clients surveyed were women over 41 years of age. The second greatest number of clients were women within the childbearing range; however, family planning services were the least utilized. The fact that the health center physician had curtailed all obstetrical practice for the last several years may have influenced these data.

Each health center had its own special characteristics. Center 1 (Kingman) clients were distributed almost equally as to numbers in each age group. These clients preferred seeing the physician rather than the nurse or physician's assistant. Center 2 (Cayuga), also with a fairly even age distribution, saw the highest percentage of emergencies and preferred seeing the nurse rather than the physician or physician's assistant. Center 3 (Russellville) clients were older (15.9% over 65) and they preferred seeing the physician's assistant.

The majority of all clients (79.4%) paid for health care services in cash. Medicare, insurance, and Medicaid were next; no one checked welfare as a means of payment.

Services offered by each community health center include treatment of chronic disease, treatment of acute disease, emergency treatment, routine health care, preventive health care, family planning, dietary treatment, laboratory tests, and prescription filling. The most

utilized service was routine health care for 91 (71.6%) clients. Some clients indicated that blood pressure check, weight determination, filling of prescriptions, and some laboratory tests, such as blood glucose, were "routine" services for them. The next most utilized services were prescription filling and laboratory tests. Treatment of chronic and acute diseases were next in utilization, with emergency treatment, preventive health care, dietary treatment, and family planning following.

Since filling clients' prescriptions for medicine was such a highly utilized service, one could expect that clients receiving this service would also receive teaching in this area. This expectation was confirmed by the data summarized for teaching in the area of medication. Many clients further reinforced these data by not only checking items called for, but also listing names of medications in the margin of the questionnaire. The teaching concerned with medications was done mainly by the nurse and the physician.

Special dietary services were low on the summary of client needs, although clients utilizing the services were found to be receiving instruction in this area. At Center 3, twelve clients reported using special dietary services and 12 responded positively to having received dietary teaching.

Preventive health care also fell low on the summary of client needs. It was not surprising that the centers with a younger population utilized this service for immunizations. But, older clients also responded to this item and again penciled in their medication—flu shots. In the same vein, the clients receiving immunizations knew what to expect following immunizations, the data indicating that the nurse had

supplied the information.

Sixty-five of the 127 respondents (48.8%) indicated a preference for health care providers.

In response to an item asking if the health center needed improvement, 102 (83.4%) of 106 clients indicated they were satisfied with the care given. Four dissatisfied clients commented mainly on the physician's absence from the centers.

A sampling of the patients' comments follows:

- I think (the nurse) is doing a great job—she is so helpful.
- I think (she) and (the physician) work exceptionally well together and things are O.K. as is.
- The nurse here has everything under control. It's great to have her here. I don't see how it could be improved.
- We are pleased with the treatment we get.
- It's quite adequate.
- I like it the way it is.
- In my estimation, the care received and attitude is beyond reproach.

## CONCLUSIONS

The results of this survey were limited due to the geographic setting and the sample group. The conclusions are viewed with these limitations in mind.

The findings indicate that services offered at all three community health centers were those that would meet the total health care needs of clients. The data suggest that all these services are utilized to a degree by the health center clients.

The measurable results of the study and the clients' comments have led the researcher to believe that the needs of the clients who utilized the three selected health centers were being met.

Since the completion of this survey, a husband-wife physician team has joined Dr. Swaim in his practice. These doctors have been absorbed into the health center routine and obstetrical services have been resumed.

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## AUXILIARY REPORT

### Unity, CPR and Communications

This will be my last opportunity to write an article for **The Journal** as Auxiliary president.

Unit, CPR and communications was the foremost goal in my mind at the beginning of this year. Unity is working together as volunteers for the common cause of medicine. The Auxiliary can do an essential part of the team's efforts to try to bring about good health legislation and individual health education. Unity means working effectively to promote friendship with interns, residents and young physician's spouse. We now have an Auxiliary member working with each satellite school.

CPR has been a very rewarding program. To date approximately 350 Auxiliaries are certified in CPR with more practicing every week. We have 15 Auxiliary members who are certified instructors. We are working to see that CPR courses will be offered to students in the high schools.

On the subject of communications, it has been my pleasure to visit many counties this year. The state is divided into three areas—north, south and central—for representation. Workshops were held in all three areas for the newly elected county officers. We found it is very effective to take this training given by the state officers to the grass roots level. Our most direct line of communications is our **Hoosier Doctor's Wife**, published four times a year and mailed to all active members and members-at-large. I have been editor of this publication since the resignation of our editor in March.

Our annual meeting with election and installation of new officers will be held this month.

I sincerely appreciate the opportunity to have written these monthly reports. The Auxiliary is grateful to the ISMA for its continued support.



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For complete information, consult Official Package Circular. (12) TEGOPEN 9/11/75

**Indications:** Although the principal indication for cloxacillin sodium is in the treatment of infections due to penicillinase-producing staphylococci, it may be used to initiate therapy in such patients in whom a staphylococcal infection is suspected. (See Important Note below.)

Bacteriologic studies to determine the causative organisms and their sensitivity to cloxacillin sodium should be performed.

**Important Note:** When it is judged necessary that treatment be initiated before definitive culture and sensitivity results are known, the choice of cloxacillin sodium should take into consideration the fact that it has been shown to be effective only in the treatment of infections caused by pneumococci, Group A beta-hemolytic streptococci, and penicillin G-resistant and penicillin G-sensitive staphylococci. If the bacteriology report later indicates the infection is due to an organism other than a penicillin G-resistant staphylococcus sensitive to cloxacillin sodium, the physician is advised to continue therapy with a drug other than cloxacillin sodium or any other penicillinase-resistant semi-synthetic penicillin.

Recent studies have reported that the percentage of staphylococcal isolates resistant to penicillin G outside the hospital is increasing, approximating the high percentage of resistant staphylococcal isolates found in the hospital. For this reason, it is recommended that a penicillinase-resistant penicillin be used as initial therapy for any suspected staphylococcal infection until culture and sensitivity results are known.

Cloxacillin sodium is a compound that acts through a mechanism similar to that of methicillin against penicillin G-resistant staphylococci. Strains of staphylococci resistant to methicillin have existed in nature and it is known that the number of these strains reported has been increasing. Such strains of staphylococci have been capable of producing serious disease, in some instances resulting in fatality. Because of this, there is concern that widespread use of the penicillinase-resistant penicillins may result in the appearance of an increasing number of staphylococcal strains which are resistant to these penicillins.

Methicillin-resistant strains are almost always resistant to all other penicillinase-resistant penicillins (cross-resistance with cephalosporin derivatives also occurs frequently). Resistance to any penicillinase-resistant penicillin should be interpreted as evidence of clinical resistance to all, in spite of the fact that minor variations in *in vitro* sensitivity may be encountered when more than one penicillinase-resistant penicillin is tested against the same strain of staphylococcus.

**Contraindications:** A history of a previous hypersensitivity reaction to any of the penicillins is a contraindication.

**Warning:** Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. Although anaphylaxis is more frequent following parenteral therapy it has occurred in patients on oral penicillins. These reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens.

There have been well documented reports of individuals with a history of penicillin hypersensitivity reactions who have experienced severe hypersensitivity reactions when treated with a cephalosporin. Before therapy with a penicillin, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. If an allergic reaction occurs, the drug should be discontinued and the patient treated with the usual agents, e.g., pressor amines, antihistamines, and corticosteroids.

Safety for use in pregnancy has not been established.

**Precautions:** The possibility of the occurrence of superinfections with mycotic organisms or other pathogens should be kept in mind when using this compound, as with other antibiotics. If superinfection occurs during therapy, appropriate measures should be taken.

As with any potent drug, periodic assessment of organ system function, including renal, hepatic, and hematopoietic, should be made during long-term therapy.

**Adverse Reactions:** Gastrointestinal disturbances, such as nausea, epigastric discomfort, flatulence, and loose stools, have been noted by some patients. Mildly elevated SGOT levels (less than 100 units) have been reported in a few patients for whom pretherapeutic determinations were not made. Skin rashes and allergic symptoms, including wheezing and sneezing, have occasionally been encountered. Eosinophilia, with or without overt allergic manifestations, has been noted in some patients during therapy.

**Usual Dosage:** Adults: 250 mg. q.6h.

Children: 50 mg./Kg./day in equally divided doses q.6h. Children weighing more than 20 Kg. should be given the adult dose. Administer on empty stomach for maximum absorption.

**N.B.:** INFECTIONS CAUSED BY GROUP A BETA-HEMOLYTIC STREPTOCOCCI SHOULD BE TREATED FOR AT LEAST 10 DAYS TO HELP PREVENT THE OCCURRENCE OF ACUTE RHEUMATIC FEVER OR ACUTE GLOMERULONEPHRITIS.

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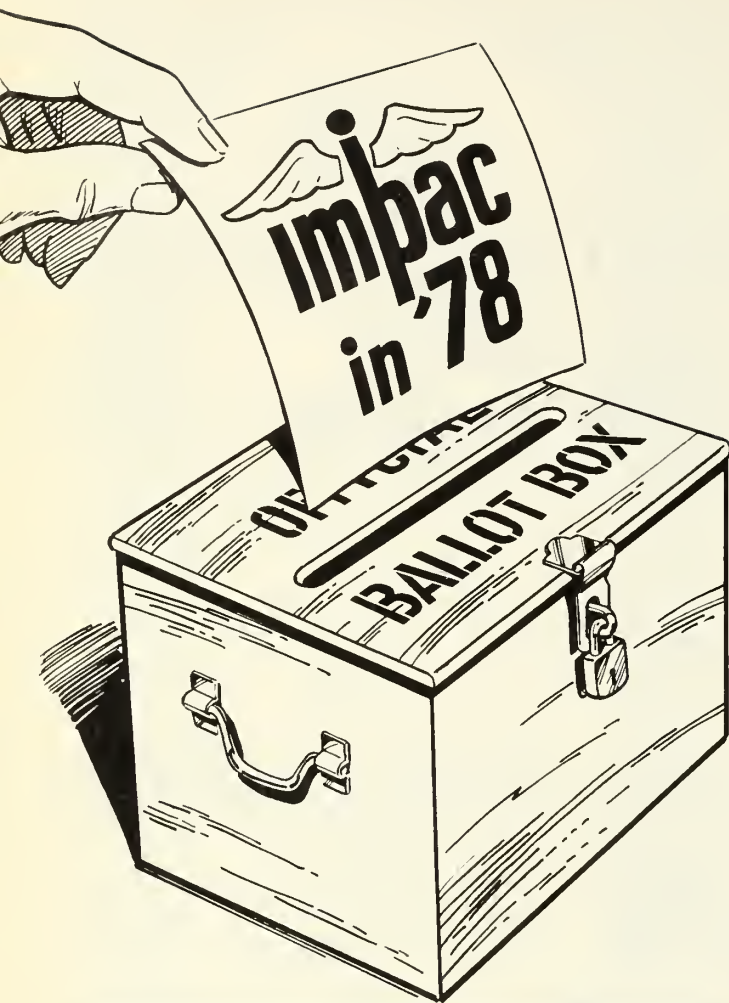
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‡Maximum absorption occurs when Tegopen is taken on an empty stomach, preferably 1-2 hrs. before meals.



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# IMPAC:

MARK MILES  
IMPAC Representative  
Indiana State Medical Association

**A**S THE MEMORIES of great blizzards melt into spring, we begin looking forward to the remainder of 1978. It is only too clear that while our fierce winter may have restricted the activities of many Hoosiers, it was not sufficient to halt the insidious encroachment of legislators and bureaucrats upon the private practice of medicine.

Under every capitol dome across the country echo the same woeful cries: "Total health expenditures will double by 1980; health costs are rising at a rate 1 ½ times the rise in the cost of living; the American consumers and taxpayers are demanding that something be done."

In reality, it is not at all clear that the majority of consumers and taxpayers are demanding that something be done. On the other hand, it is painfully obvious that there are many well orchestrated voices shouting about the evils of the system. These groups are determined to convince the public that the current system must be scrapped and that the federal government, through such measures as NHI and cost controls, is better qualified to provide for health care than providers themselves.

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***"Last year, in the Congress and in the Indiana General Assembly, more than a thousand bills were introduced that would affect our health care system."***

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Our system of government is one of balancing, competing and often conflicting interests. Last year in the Congress and in the Indiana General Assembly, more than a thousand bills were introduced that would affect our health care system. Those proposed laws didn't write themselves. They represent the active efforts of liberal legislators and special interest groups whose real goal is income redistribution, not quality health care. Those who believe otherwise are politically naive. Physicians must be dedicated to quality health care for all and if there is to be balance in our system, doctors must be willing to fight for their interests.

Fortunately, the Federal Election Campaign Act of 1971, as amended in 1976, provides a mechanism for physicians to exert pressure on our governmental system—the formation of political action committees (PACs). Political action committees seek to make their views

# A Special Report

known in an effective fashion. PACs are formed in recognition of the fact that politics and government are inextricably intertwined. PACs seek to make their views known at the political level through support of candidates to public office who share the philosophy of or are sympathetic to the views of the PAC.

The Indiana Medical Political Action Committee (IMPAC) was established and is administered by your Indiana State Medical Association. Its purpose is to study the records and platforms of officeholders and candidates for elective office and to give support, both financially and on the grassroots level, to officials who have demonstrated at least a willingness to listen to ISMA's views.

IMPAC is a non-profit, bi-partisan, voluntary and unincorporated committee. The IMPAC Board consists of 27 physicians and spouses, and every member serves

## 1978 Election Calendar

March 3	Candidates' Filing Deadline
April 2-29	Absentee Voting for Primary Election
April 3	Last Day for Voter Registration
May 2	Primary Election
May 6	Indiana Republican State Convention
June 26	Indiana Democratic State Convention
November 7	General Election

without compensation. In 1976, IMPAC was the third largest PAC in the state. However, the two larger PACs (both labor groups) combined to contribute more than 10 times as much support, and you can be sure their funds went to candidates whose sympathies were different than ours.

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**Physicians frequently ask, "Why is my contribution to IMPAC a better form of political expression than direct personal contributions to individual candidates?"**

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Physicians frequently ask, "Why is my contribution to IMPAC a better form of political expression than direct personal contributions to individual candidates?" The answer is twofold. When your contribution is pooled with those of other IMPAC members, the total received by the candidate will be larger. Secondly, politicians look beyond dollars and cents. IMPAC is the political arm of the Indiana State Medical Association and as such an IMPAC contribution represents the views of more than 5,000 Hoosier physicians. Hoosier politicians realize that 5,000 voting physicians and their families constitute a significant political entity.

IMPAC has been successful. Not all contributions have pleased all members, but as your Indiana State Medical Association lobbyist can tell you, ISMA gains the legislators' respect and trust largely because of the seeds planted by IMPAC contributions.

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**"Hoosier politicians realize that 5,000 voting physicians and their families constitute a significant political entity."**

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1978 promises to be an important election year. The candidates elected in the various campaigns will decide the future of your practice and our free enterprise system. IMPAC needs your help to make certain that ISMA's voice is heard. You can best support IMPAC by your contribution. A family membership is \$50 and an individual sustaining membership is \$100. Please join those who have done so much!

## Up for Election in 1978

### U.S. CONGRESS

#### Dist. Incumbent

- 1 Adam Benjamin, Jr. (D)
- 2 Floyd Fithian (D)
- 3 John Brademas (D)
- 4 Dan R. Quayle (R)
- 5 Elwood (Bud) Hillis (R)
- 6 David Evans (D)
- 7 John T. Myers (R)
- 8 David L. Cornwell (D)
- 9 Lee H. Hamilton (D)
- 10 Philip R. Sharp (D)
- 11 Andrew Jacobs, Jr. (D)

### INDIANA SENATE

#### (Incumbents Shown)

District 1—William C. Christy (D), Hammond; 4—John Bushemi (D), Merrillville; 6—John Larson (R), Valparaiso; 11—Robert Kovach (D), Mishawaka; 14—Woodrow Wilson (D), Monroeville; 15—Graham Richard (D), Ft. Wayne; 17—Gene Snowden (R), Huntington; 19—Wayne Townsend (D), Hartford City; 21—Merton Stanley (D), Kokomo; 22—Michael E. Gery (D), W. Lafayette; 23—Joseph Harrison (R), Attica; 24—Keith McCormick (R), Lebanon; 25—Thomas Teague (D), Anderson; 26—Rodney Piper (D), Muncie; 27—Marlin McDaniel (R), Richmond; 29—Leslie Duvall (R), Indianapolis; 31—John Mutz (R), Indianapolis; 38—H. J. Fanning, Jr. (D), Terre Haute; 41—Robert D. Garton (R), Columbus; 43—Robert Bischoff (D), Lawrenceburg; 45—James Lewis, Jr. (D), Charlestown; 46—Frank O'Bannon (D), Corydon; 47—Joseph Bruggenschmidt (D), Jasper; 48—Robert Fair (D), Princeton; 49—Joseph O'Day (D), Evansville.

### INDIANA HOUSE

#### All 100 Representatives

**Note:** A number of incumbents, including some named above, are retiring, or will seek election to other offices.

# A Critique of Rules Proposed by the Department of Health, Education and Welfare

H. C. MOSS, M.D.  
Indianapolis

## STERILIZATION RESTRICTIONS

The proposed restrictions on sterilization will make permanent the arbitrary ground rules under which DHEW has operated for the last four years, with the additional burden of a 30-day waiting period after the patient signs an informed consent.

The Department states that the restrictions are intended to prevent sterilization abuse. Unfortunately, they will assure the most deplorable form of sterilization abuse—withholding the operation from people who have no other workable method of conception control, but who are too poor to pay for the operation.

The Department proposes to make permanent its rule that no person under the age of 21 can have a federally funded sterilization.

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This critique was presented by Dr. Moss in Chicago Feb. 1, 1978, at a public hearing concerning DHEW's proposed rules governing voluntary sterilization.

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Comments on this article should be directed to Ms. Emily J. Nichols, Health Care Financing Administration, Rm 4513, Switzer Bldg., 330 C St., SW, Washington, D.C. 20201.

What is the evidence of sterilization abuse of people under 21? My experience has been that the Department's existing guidelines have prevented doctors from offering sterilization to women under 21 who had already completed their families. A welfare mother of four who is under 18 should not be condemned to three more years of childbearing. Often the patient's "decision whether to bear a child" is dictated by circumstances beyond her control, such as the utter failure of every temporary control measure. The Congress has seen fit to force welfare mothers to bear unwanted children by making abortion unavailable. Whether to be sterilized, on the other hand, is a much more studied decision; most patients have considered the step for a year or more—certainly much longer than the time allotted to deciding whether to be pregnant.

Indiana University Hospitals and Wishard Memorial Hospital routinely refuse all requests for sterilization from welfare mothers under 21; but they do not hesitate to send them to me, since they know I will do them without charge. The availability of such charity services is so

limited that the Department cannot realistically count upon them in its deliberations. If the federal government refuses to help release young welfare mothers from the burden of unwanted children, it will lock them in to the poverty-dependency cycle that welfare programs should try to interrupt.

Indiana couples who are under 21 are considered emancipated; if one of them, as a private patient, decides to be sterilized after the birth of one or two children, no one denies him or her that privilege.

It would be appropriate to fund sterilizations of persons of any age upon presentation of evidence that the patient's rights of due process have been protected. If we fix a lower limit above which people should be able to sign away their own fertility, it should be at age 18 and not at age 21. If there were evidence that a patient above age 18 was not fully competent, a review committee might be helpful.

The proposed rule that federal financial participation is unavailable for mentally retarded or incompetent persons represents a hardship for them. We have had many patients referred for hysterectomy because they were unable to handle the normal chores of monthly hy-

giene, and institutions or foster-homes refused to take them as long as they were menstruating. Since they are in the severely- or trainable-retarded range, they represent an enormous financial, emotional, and social burden upon their parents or guardians. Those charged with their care will usually not allow them out of their sight because of fear of unwanted pregnancy. The result is that the handicapped person is captive in a back bedroom, unable to mix with his peers and develop emotionally and intellectually in a normal social setting. When the threat of reproduction is gone, many handicapped people are able to marry and establish a fairly stable relationship with a spouse. The addition of a baby puts an intolerable burden on the couple's limited capacities, assuring a life of misery for parents and child.

Many borderline or educable-retarded persons are perfectly able to understand the meaning and purpose of sterilization. Too often, they have been caught by unwanted pregnancies themselves, or they have grown up in a welfare family suffering from chronic overproduction of children. The daughters do not want to go through what they have seen their mothers endure, and they earnestly seek sterilization. Under present and proposed rules, it is almost always unavailable to them. Perhaps in these cases a review committee would be helpful; but our experience with review committees is that they consider it their job to deny sterilization to the supplicant as often as possible.

Indiana doctors cooperating with the Voluntary Sterilization Association of Indiana, Inc. have sterilized dozens of borderline and retarded patients during the last nine years. Most referrals are from agencies concerned with the welfare of the retarded, after evaluation by psychiatrists, psychologists, and social

workers. However, many doctors refuse even to consider such problems, and hospitals refuse to admit them—partly because no payment is in prospect, and partly from fear of legal reprisals. The Department's proposed guidelines, by making official the adverse attitudes sensed by doctors in recent years, will leave little reason for any doctor to help the special citizens who seek his aid.

It appears that the Department should have as much legal right to fund sterilizations for the retarded as to withhold such funding, as long as due process is observed. Parents and guardians have some rights, as well as the handicapped person; a retarded mother may play with a baby as with a doll, but grandmother must be the real mother. When she dies, no one cares for the child.

We recently did a hysterectomy for a severely retarded 12-year-old girl. The legal guardian would not sign for the operation, although the girl was blind and deaf and wore diapers. The judge would not order sterilization, since there is no Indiana law under which he could rule. They solved the problem by temporarily terminating the guardianship, so that the foster mother could sign for the operation. The guardianship was resumed after the girl left the hospital.

Hysterectomy should be strongly recommended as the method of choice for sterilization of retarded girls who cannot handle the menses. Laparoscopic sterilization is easier and quicker; but the parents of a mongoloid 16-year-old chose that method initially, then brought the girl back for hysterectomy three years later because she bled on the furniture every month. These girls recover quickly from hysterectomy; they seem to experience little pain, take their food promptly, and leave the hospital in 24 to 72 hours.

The proposed rules admit that "there is a class of people whose continued fertility may be against their best interests and those of society." Yet the Department wistfully wishes for action by the Congress before it allows federal funds for the most effective and safest method of birth control for these people. The state of North Carolina decided that its citizens have a right to protect themselves from the fertility of its retarded citizens, and the state law has stood up in court. It should be a model for the entire nation.

People in institutions are particularly liable to the withholding of sterilization, to their detriment; the superintendents of the institutions seldom are willing to go to the trouble of complying with multiple rules, conducting hearings, and completing reams of paperwork. Years ago, a retarded girl in a state mental institution was referred to us by a county welfare director; she could be transferred to a foster home, but the foster parents did not want to accept her if she were fertile. Psychologic testing showed that she was in the upper-trainable range; psychologists and social workers agreed that she should be sterilized, preferably by hysterectomy, since she did not handle the menses well. After the operation, she left the institution and lived in the foster home for several years; she has since married.

If sterilization review committees are set up, the rules governing them should allow maximum flexibility. They are expensive and often have little demonstrable value; but if they would encourage even a few doctors over the nation to help the handicapped, the extra effort would be worthwhile. The role of counsel for the retarded should naturally be to protect the best interests of his client, which does not mean that he should be devil's advocate and throw constant road-

blocks against the decision for sterilization.

The 30-day rule will work a hardship mainly for the working mother of a large family, drawing welfare supplement, who finds herself pregnant. Forty per cent of our welfare patients pay so little heed to their fertility, or use temporary control measures so poorly, that they become pregnant before they suddenly realize they want no future children. Under present rules, the Indiana Department of Public Welfare is prohibited from paying for abortions, but it can pay for sterilization; and if the patient signs an informed consent, she can come in as an outpatient within three days and have a combined sterilization and vacuum curettage, a 10-minute procedure that gets her back on the job with a minimum of lost work.

Many have such a poor work record that they would be reluctant to schedule a second operation; if the 30-day rule is enforced, they will seek a charity abortion and go back to ineffective control methods, or go ahead with the unwanted pregnancy and forget about trying to work.

The proposed rules specify that "physicians would be required to certify that, immediately prior to the performance of the sterilization, they orally communicated the information necessary for a patient to give informed consent . . ." The word "immediately" should be removed; the counseling should be done in the doctor's office, days or weeks before the operation, rather than in the operating room. Our hospital charges \$100 for the use of the operating room, for each hour or fraction thereof . . .

## SUMMARY

The proposed DHEW sterilization rules are unduly restrictive and will have the force of law, further reducing the availability of sterilization to patients at the lowest level of the economy, those whom we are all under obligation to help. It is cruel and insensitive for the Department to plead that it "merely withholds Federal funding of one particular means of effectuating the decision not to bear or beget a child." That is similar to President Carter's comment, concerning withholding of funds for abortion, that "many things in life are unfair." If both abortion and sterilization are discouraged except for the rare patient who can obtain individual charity, the perpetuation of massive human misery will be assured.

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- ☐ ☐ 4 Would you like to know the advantages of all the new car models comparing them side to side?  
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# Necrotizing Enterocolitis in the Newborn: Analysis of 32 Cases

MARK STEIN, M.D.<sup>1</sup>  
RICHARD L. SCHREINER, M.D.<sup>2</sup>  
THOMAS V. N. BALLANTINE, M.D.<sup>3</sup>  
JAY L. GROSFELD, M.D.<sup>4</sup>  
EDWIN L. GRESHAM, M.D.<sup>5</sup>  
Indianapolis

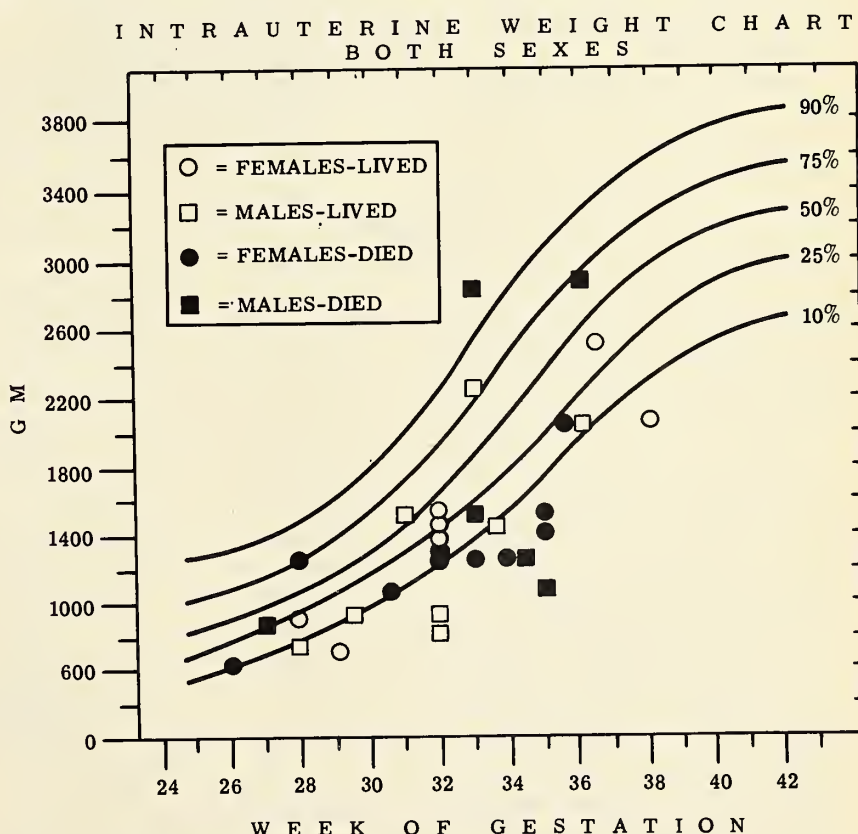
**N**ecrotizing enterocolitis (NEC) of the newborn has been reported with increasing frequency over the past 10 years. Indeed, in recent years, NEC has become the single most common surgical emergency in most newborn intensive care units. NEC, which varies greatly in incidence from hospital to hospital, occurs in 1 to 20% of premature infants admitted to intensive care centers.

This report reviews 32 cases of NEC treated at the James Whitcomb Riley Hospital Newborn Intensive Care Unit from 1972 to 1975. Fourteen (44%) of the patients were referred from Indiana University Obstetric Services. In half of the patients, NEC was diagnosed at another hospital before referral, while the remainder were being cared for at Riley Hospital for some other condition, when this complication occurred.

## INFANTS AT RISK

NEC is almost exclusively a disease of the premature infant, especially those who weigh less than 1,500 grams [about 3¼ pounds]. The estimated gestational ages of our patients ranged from 26 to 38 weeks. Eighty-one% of the patients had a gestational age of equal to or less than 35 weeks. Birth weights

ranged from 624 to 2,892 grams with all but seven infants weighing less than 1,500 grams. (*Fig. 1*) NEC is more common in infants who sustain significant intrauterine and extrauterine stress. Prenatal complications such as prolonged rupture of the membranes, toxemia of pregnancy, placenta previa, abruptio placentae and maternal sepsis are more common in infants with NEC.



Weights and gestational ages of infants  
**FIGURE 1**

1. Resident in Pediatrics
2. Assistant Professor of Pediatrics
3. Assistant Professor of Pediatric Surgery
4. Professor of Pediatric Surgery, Director of Division of Pediatric Surgery
5. Associate Professor of Pediatrics, Director of Section of Neonatal-Perinatal Medicine

From the Section of Neonatal-Perinatal Medicine, the Department of Pediatrics, and the Division of Pediatric Surgery, the Department of Surgery, James Whitcomb Riley Hospital for Children and the Indiana University School of Medicine, 1100 West Michigan Street, Indianapolis, Indiana 46202.

In our patients (Table 1), 22 mothers had complications of pregnancy, while five other mothers had no complications. A maternal history was not available in the other five mothers.

Infants who have postnatal stress are also more likely to develop NEC (Table 2). Umbilical artery catheterization has been suggested as a possible predisposing cause. Forty-seven % of our patients had umbilical artery catheterization, with the catheter remaining in place for less than six days, except in two infants. In only three cases were the arterial lines in place at the time of diagnosis. In the other patients, the arterial line had been withdrawn from 2-38 days (in six of these patients, for more than 14 days).

Although many of these infants had recovered from respiratory distress, 53% of our patients were receiving less than 30% inspired oxygen concentration and only two patients were receiving oxygen concentration greater than 50% at the time of diagnosis. Only two infants required ventilator support prior to the onset of NEC.

Another factor implicated in NEC is early feeding with hyperosmotic formula. All 32 of our patients were fed commercial formulas prior to this diagnosis. Briefly, two of the babies also received supplements of breast milk. The duration of the feedings before the diagnosis ranged from less than one day to 35 days, with half of the patients receiving formula feedings for less than one week prior to the diagnosis. Only 10 of the infants were receiving formula with an osmolality greater than 300 mOsm/kgH<sub>2</sub>O (Enfamil 24, Similac 24, Nutramigen, Pregestimil).

Exactly how these factors are involved in the pathogenesis of NEC is not known. The basic underlying mechanism of NEC is mucosal damage (Fig. 2). This may result from bowel ischemia secondary to hypotension, thrombosis, shunting of blood away from the gut ("diving reflex") or hypoxia. The role of infection in the pathophysiology

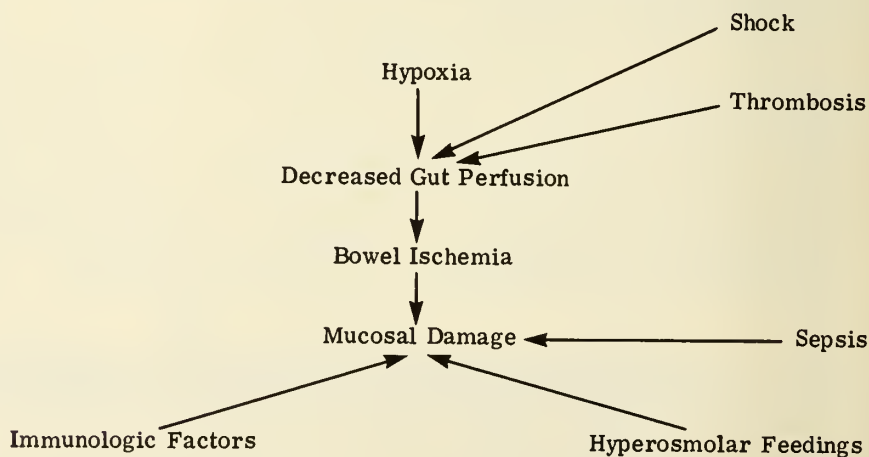
Prenatal Complications	(%)
Maternal fever	25
Amnionitis	9
Urinary tract infection	6
Bleeding	22
Abruptio placentae	6
Prolonged rupture of membranes (greater than 24 hours)	6
Meconium stained amniotic fluid	3
Maternal anticonvulsants	6
Polyhydramnios	3
Breech presentation	12
Prolapsed umbilical cord	6
Precipitous delivery	3
Twins	6

TABLE 1

Postnatal Complications	(%)
One-minute Apgar $\leq 4$	50
Five-minute Apgar $\leq 7$	53
Hyaline membrane disease	37
Pneumonia	9
Other causes of respiratory distress	9
Umbilical artery catheters	47
Exchange transfusions	6
Blood transfusions	22
Congenital heart disease (excluding PDA)	3
Patient Ductus Arteriosus (PDA)	31
Number of infants fed formula with osmolality $\geq 300$ mosm/kg H <sub>2</sub> O	28

TABLE 2

### PATHOPHYSIOLOGY OF NEC



Proposed pathophysiology of NEC  
FIGURE 2

of NEC is uncertain. 13% of our patients had positive blood cultures. At present, it seems likely that the septicemia is secondary to the primary damage to the gut mucosa. Immunologic deficiencies associated with lack of breast feeding may predispose the gut mucosa to infection. Finally, hyperosmotic formulas may directly damage the mucosa.

## CLINICAL SIGNS, SYMPTOMS OF NEC

The diagnosis of NEC was established between one and 39 days of age with a mean of 13 days. In 72%, the diagnosis was made within the first 15 days of life. The symptoms and signs of the patients are shown in *Table 3*. Other common symptoms that occurred but which are not listed include apnea, temperature instability, hypotension, tender erythematous abdomen, decreased urine output, lethargy, "looking poor," and poor feeding.

## DIAGNOSIS OF NEC

The most important point in the diagnosis of NEC is to suspect the disease in a baby with suggestive clinical signs and to confirm the diagnosis both radiographically and with appropriate laboratory tests (*Table 4*). At the first sign of possible NEC, a supine and either upright or lateral decubitus x-ray of the abdomen should be obtained. Classical findings on x-ray include pneumatosis intestinalis, distended loops of bowel, thickened bowel wall, portal gas, and free intraperitoneal gas (*Figures 3, 4*).

## MANAGEMENT OF INFANT WITH NEC

Prompt recognition and treatment are critically important (*Table 5*). All infants should be placed NPO with a nasal or oral-gastric tube with low intermittent suction. All infants should have intravenous fluids and parenteral antibiotics, both for gram positive and gram negative microbial coverage. While the roles of oral kanamycin, gentamicin and neomycin are controversial at this time, the regimen used at this center does not currently utilize these drugs.

Symptoms and Signs	(%)
Abdominal distension	100
Hematest positive stools	100
Gastric residual	80
Bile stained gastric residual	62
Vomiting	53
Grossly bloody stool	37
Diarrhea	37

TABLE 3

## Lab Work-up

X-rays (including upright or lateral decubitus)
Cultures (stool, blood, urine, CSF)
pH, PCO <sub>2</sub> , (arterial)
Serum calcium, bilirubin, sodium
CBC
Platelet count
Clotting studies (PT, PTT, fibrinogen)
Stool guaiac/hematest

TABLE 4

## Treatment

NPO
Gastric suction
Antibiotics (Parenteral, oral)
Circulatory support (urine output, urine specific gravity, colloid, blood)
Respiratory support (oxygen, mechanical ventilation, acid-base status, hematocrit)
Coagulation monitoring
Surgery
Parenteral alimentation

TABLE 5

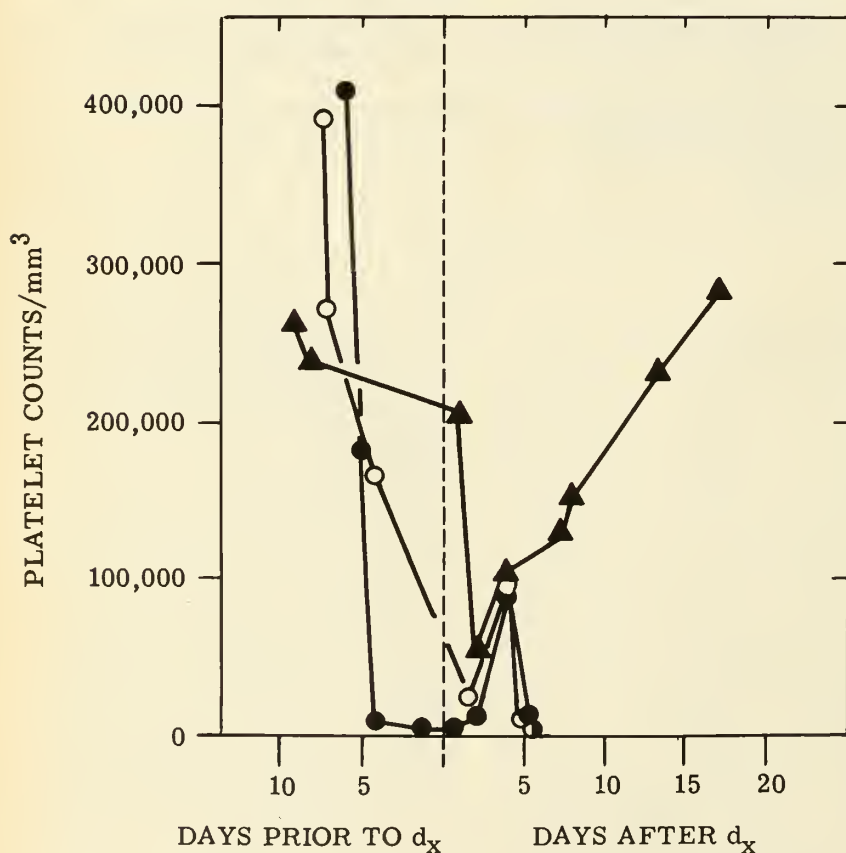
The circulatory status must be followed closely with monitoring the blood pressure, urine output, and urine specific gravity. These infants are frequently hypovolemic because of pooling or "third spacing" of fluid in the gut. Therefore, at the first sign of hypovolemia (low blood pressure, decreased urine output, high specific gravity), plasma expanders such as 5% protein solution or whole blood should be administered at 10-20 ml/kg. The oxygen and acid-base status of the patient must be monitored closely. Adequate environmental oxygen should be provided to maintain the arterial PO<sub>2</sub> at 50-90 mmHg. Respiratory support should be provided if persistent apnea or

hypercapnia ensues. Metabolic acidosis should be treated appropriately with sodium bicarbonate, and plasma expanders if hypovolemia is present.

The serum sodium as well as calcium and bilirubin level should be monitored at least daily. Blood transfusions should be provided to maintain a hematocrit above 40-45%. Infants with NEC frequently develop thrombocytopenia as shown in three patients in *Figure 5*. Disseminated intravascular coagulation may occur and coagulation studies (platelets, PT, PTT, fibrinogen, fibrin split products) should be done on patients who have thrombocytopenia or are oozing from needle sticks. Platelets should



**Distended loops of bowel and thickened bowel wall**  
**FIGURE 3**



**Platelet counts in three infants with NEC**  
**FIGURE 5**

be administered if the platelet count drops below 20-50,000/mm<sup>3</sup>. All stools should be checked for blood both grossly and by hematest or guaiac test. Infants who have definite NEC and who are to be treated medically by the above therapy should be maintained for at least 14 days. Because of inability to feed the patient during this time, these patients should receive parenteral alimentation (glucose, amino acids) by peripheral vein.

The indications for surgical treatment of infants with NEC are controversial. We presently use the following indications: 1) Bowel perforation; 2) A deteriorating clinical course—either persistent apnea, metabolic acidosis or hypotension; 3) Evidence of peritonitis such as a tender abdomen, edema or inflammation of the abdominal wall, or an abdominal mass. A persistently dilated intestinal loop associated with pneumatosis may also be an additional radiographic indication for operation. Surgery was performed in 62% of our patients. In all cases in which peritoneal fluid was present at surgery, a positive culture for at least one organism was obtained. *E. coli* was present in seven cases and *Bacteroides fragilis* in three cases.

### PROGNOSIS

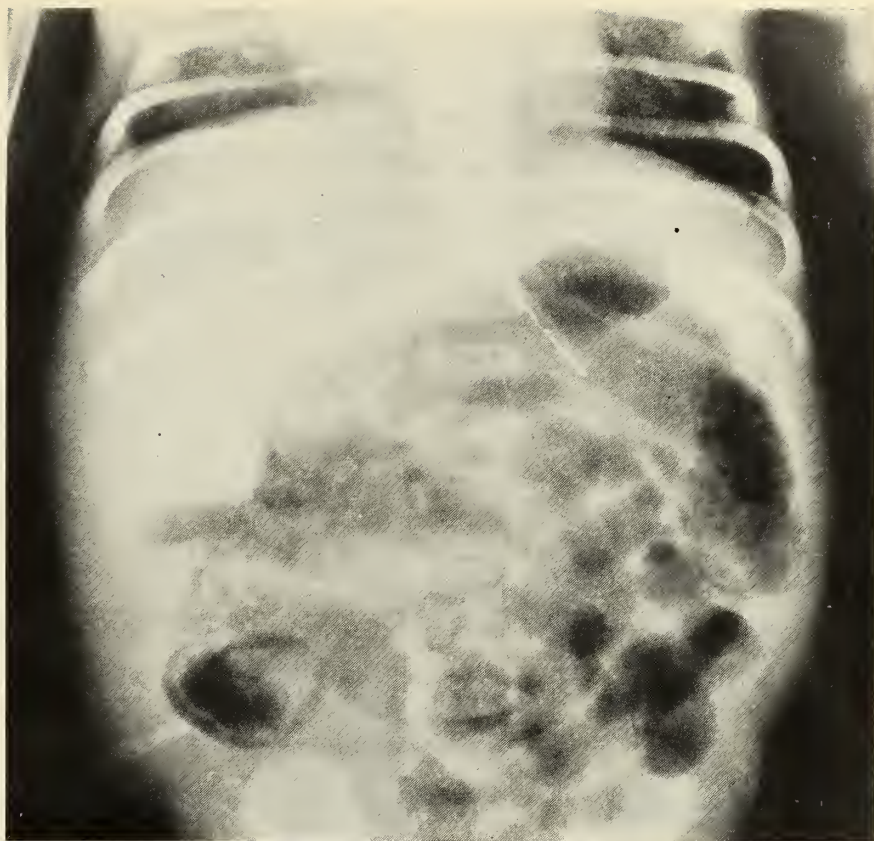
The overall mortality for the 32 patients in the study was 53%. For the 13 patients on whom surgery was performed, the mortality was 39%. Most studies have shown a consistently improved mortality over the past five years in the medical and surgical management of NEC. This probably reflects earlier recognition of the disease, better supportive medical care, better operative preparation, and more vigorous supportive post-operative care, including the use of parenteral nutrition. In some infants, especially those treated medically, bowel obstruction secondary to stricture formation may develop at a later date.

## SUMMARY

Necrotizing enterocolitis of the newborn remains a disease of undetermined etiology. It is probably being diagnosed much more frequently because of: 1) an increased incidence of the disease itself; 2) a higher index of suspicion for the disease; and/or 3) a greater survival rate for sick premature infants. The disease may be present in infants who are sick or in infants who are otherwise healthy. With earlier diagnosis and better supportive care of the patients, the mortality of the disease is continuously improving.

Correspondence, requests for reprints, and list of references: Mark Stein, M.D., the Department of Pediatrics Indiana University School of Medicine, 1100 West Michigan Street, Indianapolis, Indiana 46202.

Supported in part by the National Foundation—March of Dimes Medical Service Grant C-117.



**Pneumotosis intestinales**

**FIGURE 4**

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# The Physician Alcoholic

PERRY R. AYRES, M.D.  
Columbus, Ohio

## ARCH to Recovery:

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**I** REMEMBER MIKE as an outgoing, white-haired, apple-cheeked man with a boyish grin. Although we were not close friends, our paths crossed frequently, and I always felt comfortable with him. Well-trained in medicine, he kept up with current developments, served willingly and well on many hospital committees, held offices in our Academy of Medicine, and was often involved in community health activities. He had a large following of devoted patients whom he served in the best traditions of family practice. Mike was born and raised in our community, and he had a host of friends, but his social life was quiet. He was a devout Catholic and a family man who enjoyed attending church affairs with his wife and their several children. He was very well thought of by one and all.

Mike died when he was about 50 years old and was buried with quiet ceremony. There was no public announcement of the cause of death. Some time later, however, we were shocked to learn that he was alcoholic and had died of barbiturate overdose, possibly suicidal. Only then did bits and pieces of information from the last year or two begin to have meaning. I had seen very little of Mike for several months before he died. On a few brief encounters, he had seemed tired and less ebullient than usual and had

fussed uncharacteristically about the stresses of his practice. He had failed to show up for several meetings and had declined a couple of committee assignments. There had been rumors that one of his sons was having adjustment problems, and his favorite daughter was entering a convent. His previously slender, vivacious wife had gained a lot of weight and appeared anxious and depressed. Some of his old patients complained of difficulty reaching him and of his curt behaviour. Much later, a nurse told of an unintelligible, nocturnal conversation with him when she called to verify an order. In retrospect, it was clear that Mike had been in serious trouble for many months. We learned that he had neither sought nor been offered assistance by his colleagues—and we were very sad.

Now, I don't know why Mike was alcoholic, but I do know that he was not a "bad" man. He was a sick man, and his sickness had profound effects upon those nearest and dearest to him and carried the potential for danger to his patients. Compounding the tragedy is the sad fact that neither he nor we could recognize the clues to his illness that are so clear in retrospect. Had it been otherwise, this fine man might have been offered treatment.

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Dr. Ayres is a Staff Internist, Harding Hospital, Columbus, Ohio, and Clinical Professor of Preventive Medicine, The Ohio State University College of Medicine.

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Mike's story is a composite of several physicians I have known or attended. It might have been about meperidine, barbiturate, or amphetamine addiction, or some combination of these. Perhaps it should have included, "I know I've got a problem, but I like my problem," a statement recently made to his distraught wife by a prominent colleague who is still courting disaster with alcohol and amphetamines. It might have been the story of a young man whose drug abuse began while he was in medical school and continued for years before disaster struck. It might have been about the anesthesiologist, who combined her medical career with that of wife and mother until her alcoholism destroyed both careers. Or about the small-town practitioner, whose colleagues, in the pressure of their own busy lives, covered for him during frequent unexplained absences thus, unwittingly enabling his addiction to progress. Or the pathologist functioning well in his hospital job by day, who drank himself into a stupor in the seclusion of his study every night for years, and whose problem surfaced only after his wife suffered a psychotic breakdown. The futile efforts of family and colleagues might have been mentioned as in the case of the unemployed and unemployable industrial physician, whose wasted and scarred body was found in a motel surrounded by an assortment of syringes, bottles, and vials after he disappeared from a hospital during his 12th admission for problems related to his addiction.

Mike's story could have included a confrontation by a committee of concerned colleagues, apprising him of his difficulty and urging that he seek treatment. Or, it might have included a confrontation followed by kind-but-firm insistence that he take a leave of absence from his practice, undertake a prescribed program of treatment and rehabilitation, and then seek permission to resume practice. Just possibly, the ending might have been a happy one.

Industrial alcoholism programs feature just such confrontation. Employees are apprised of their work records and are then given firmly limited options—be fired or seek treatment. Large numbers of valuable employees are being salvaged, not to mention benefits in terms of morbidity, mortality, and quality of the lives of employees and their families.

Several state medical societies,<sup>1,2</sup> have launched ambitious programs for dealing with the physician impaired by addiction to alcohol and other drugs. Their aim is to protect his patients and himself while the physician seeks treatment and proves he is stable. Such programs can and must work, and the scope of their activities will enlarge as they prove their effectiveness.

Volunteers performing the field work of the programs need talents of a sort that are difficult to teach—empathy, wisdom, patience, and faith. They especially need the wholehearted support of their colleagues. It is time that every physician take a fresh look at the problem of the impaired physician and start by re-examining his attitudes, for it has been said that "the attitude is the father of the action."<sup>3</sup>

## ARCH

Performance of a physician can be impaired by many things—by senility, by ineptitude, by incompetence, by dishonesty, for example, but those accessible to treatment are psychiatric disorders, drug addiction, and alcoholism. It is the latter two that are mentioned most often, and it is the alcoholic physician who is most readily identified. The remainder of this paper will be limited to consideration of some principles and attitudes I consider essential to the treatment of alcoholic patients, although some have wider application. They are represented by the acronym ARCH for **A**cceptance, **R**ecognition, **C**onfrontation, and **H**ope.

**Acceptance** of the concept that alcoholism is a treatable disease does not come easily to some physicians. Although practical experi-

ence of Alcoholics Anonymous and of alcoholism rehabilitation facilities teaches us that acceptance of the disease concept by both patient and therapist is a major factor in restoring patients to sobriety and to function, there have been two major obstacles for many physicians. First is the traditional moralistic stance, which says "while man may be the victim of his vices, he is also their author."<sup>4</sup> No doubt. But this begs the issue. While it may say something about drinking, it says little about alcoholism or about the fact that only about 10 per cent of Americans who drink develop "preoccupation with alcohol," as described in the American Medical Association definition,<sup>5</sup> and follow a fairly predictable course in terms of compulsion, progression, relapse, and unmanageability of their lives. The alcoholic patient is a *sick* man trying to get *well*, not a *bad* man trying to get *good*.

The other stumbling block is the notion that alcoholism is simply a symptom of underlying psychologic problems and that correction of these will remove the need for the alcoholic to drink. No doubt there are underlying problems, but this thesis disregards abundant evidence to the effect that the problems cannot be efficiently attacked until the preoccupation with alcohol is controlled, and that the problems may be resolved in the process.

Regardless of how alcoholism begins or what sort of person the alcoholic was before, it is important to recognize that alcoholism produces, in a sense, a different person—a distortion of the original. The real person cannot be perceived by himself or by others until and unless he has been released from the effects of the drug and from preoccupation with its use.

*Read Mike's story again.*

**Recognition** of alcoholism requires high levels of suspicion and empathy as well as awareness of the fact that it disrupts every aspect of the patient's life and usually of

those close to him. The alcoholic and his family frequently don't recognize alcoholism as the cause of increasing problems in their lives, and they seek help reluctantly and late when they do. This is especially true of physician alcoholics and their families. Alcoholism is a stigmatized disease.

Mechanisms are available for identifying the physician alcoholic through impaired professional performance, but such impairment often is not evident until late in his course. Long before this, his family and close friends have known he was in trouble. Not being aware of the inevitable and relentless progression of his disease, fearing disgrace and financial disaster that might result from disclosure, and just simply hoping it will all work out, they keep silent and their sickness progresses along with his.

Physicians sometimes treat patients without considering the fact that alcoholism may be causing or contributing to the hyperlipidemia, the obstructive pulmonary disease, the depression, the paranoia, for example. Furthermore, behavioral manifestations, often obnoxious and deceitful, are difficult to comprehend as symptoms of a potentially fatal disease; they may even cause us to reject the patient. We tend to overlook alcoholism even though its effects—physical, psychological, social, and spiritual—are quite evident. A syndrome is identifiable. "What causes problems is a problem."<sup>3</sup>

*Mike's story is replete with clues.*

**Confrontation** of the patient with the facts of his illness requires an attitude of firm kindness, sometimes called "tough love." Principles and procedures have been spelled out admirably by Maxwell<sup>6</sup> and Johnson,<sup>7</sup> and their books, although not available in most medical libraries, are highly recommended reading for anyone contemplating such an endeavor.

The object of confrontation is to overcome the arrogance and the powerful denial mechanism operat-

ing in the alcoholic by bringing him "messages from reality."<sup>6</sup> Then, he may become receptive to treatment. Here is where empathy, wisdom, patience, and faith are put to the test. We may fail and it may be necessary to repeat the confrontation again and again until that time when the unmanageability of his life is so painful that he will surrender and comply. Meanwhile, he and his family probably will suffer a great deal, and he may well die by suicide, by accident, or by the late effects of alcoholism before ever letting go of his compulsion. Alcoholism is a fatal disease, make no mistake about that.

When the physician alcoholic has progressed to the point where professional competence is impaired and this has been recognized by his peers, confrontation can proceed along lines similar to those used by industry, and he can be led or forced into treatment. He is faced with the reality of his unmanageability, is presented with firmly limited options, and is made responsible for his choice. This is not to say that he always accepts the evidence, even when it is overwhelming (that is part of his sickness), or that he always accepts treatment.

It is important that evidence presented at confrontation be as factual and explicit as possible. General references to "impaired performance," "work not up to your (or our) usual standard," and other faults may be challenged in the manner of that old barroom cliché, "I can whip you with one hand behind my back!" Such is the nature and power of the denial mechanism so characteristic of this disease that some physician alcoholics threaten legal action against their "persecutors," not recognizing their own vulnerability to legal action by the State Medical Board. This is reminiscent of that other barroom challenge, "I dare you to step outside and say that." Some may reject confrontation and treatment by simply retiring, moving to another state, or going into a type of work where peer approval and medical licensure are not essential

—and by continuing to drink. Such hazards and disappointments should not deter us. At least, we tried.

Of course, it would be far better if family and friends, who almost always know of the problem before professional competence is affected, could become sufficiently informed and so resolute that they would initiate confrontation earlier in the hope of saving the physician, themselves, and perhaps his patients from disaster. The Auxiliaries of our Academies of Medicine would be well advised to launch an educational program for this purpose.

*Mike was not confronted.*

**Hope** must be transmitted to the alcoholic beginning with the moment of confrontation and must be shared by those confronting and attending him. For a long time before he became aware, or was made aware, that he was out of control, the alcoholic was existing in a state of lonely, anxious, confused, and fearful isolation from which the only escape he knew was by way of the depressant drug, alcohol. Dimly aware of his chaotic life, he felt the pain of guilt, but the only way he could tolerate this was to exchange it for the paranoia of resentment by heaping blame on everyone and everything handy. To recognize the role of his drinking would mean he must abstain, and this he could not do. If he tried another way out, it was probably by suicide or by self-administration of some other depressant (easily and commonly done by physician alcoholics). If he asked for help, it was for relief of his agitated depression, and he spoke of past and current stresses and of the pressures of his work and his family life. He certainly did not tell the truth about his drinking, if indeed he was aware of the truth. And he drank again. He tried changing jobs, changing residence, even changing wives, but he could not see the necessity to change himself. And he continued to drink. And the chaos was compounded.

Now, it has been spelled out to him that he is a man out of con-

trol, and he is expected to stop drinking and to regain control. He is either angry, devastated, or, sometimes, grateful. He is uncertain and confused about what lies ahead, about what is meant by treatment, by recovery. Remember, he has been isolating himself in an oppressive sort of fantasy world. What is so clear to us about his chaotic life is not at all clear to him. If he has been thinking about his problems at all, it has been in terms of ridding himself of external pressures, not of changing himself. Now, he is faced with reality and the challenge to look at himself and to take responsibility for his reactions, his behavior. The notion that his abuse of alcohol and/or other drugs is an illness has probably not occurred to him before, and he may feel both frightened and relieved by it. Even the idea that others can and will help him may be perceived as a threat.

Little good will come of simply advising him to seek treatment. If

he were capable of making good judgments and reliable decisions, it would not have been necessary to confront him. We must know that he can have a better life, we must know what proper treatment is, and we must know where it can be obtained. Then, we must take him there. Once there, willingly or by coercion, he has a chance for recovery—hope. Alcoholism is a treatable disease.

*But Mike died.*

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# Current Concepts in the Evaluation and Treatment of Hodgkin's Disease

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**H**odgkin's disease is a disorder of uncertain etiology affecting primarily lymphoid tissue. The diagnosis rests on the finding of the Reed-Sternberg cell in the appropriate clinical and pathologic setting. Hodgkin's disease has proven to be responsive to a variety of therapeutic modalities; it therefore seems appropriate to review our approach to this very complicated disease.

## **PATHOLOGY**

At the time of the original lymph node biopsy, Hodgkin's disease can be subdivided into one of four pathologic types. These are:<sup>1</sup>

- 1) **Lymphocyte predominant**—best prognosis;
- 2) **Nodular sclerosis**—next best prognosis; bulky mediastinal disease frequently present; primarily in young patients and does have a tendency to late relapse;
- 3) **Mixed cellularity**—frequent Reed-Sternberg cells in a background of eosinophils, plasma cells, histiocytes, and lymphocytes;
- 4) **Lymphocyte depletion**—uncommon but carrying a poor prognosis.

## **STAGING**

By clinical and pathologic criteria, a patient with Hodgkin's disease should be assigned to one of the following:<sup>2</sup>

**Stage I:** involvement of a single lymph node region;

**Stage II:** involvement of two or more lymph node regions on the same side of the diaphragm;

**Stage III:** involvement of lymph node regions on both sides of the diaphragm;

**Stage IV:** diffuse or disseminated involvement of one or more extra-lymphatic organs or tissues with or without associated lymph node enlargement. An isolated area of extra-nodal involvement in continuity with affected nodes in a patient who otherwise would be Stage I or II is not Stage IV but is described as I<sub>E</sub> or II<sub>E</sub> (extra-nodal).

**A:** No systemic symptoms

**B:** Fever, night sweats, or weight loss >10% body weight

[The classifications "A" and "B" apply to all four stages.]

## **EVALUATION**

Because effective but differing forms of treatment exist for all stages of Hodgkin's disease, it is crucial that patients be evaluated to define accurately the extent of the disease. This begins, of course, with a complete history and physical examination, paying particular attention to systemic symptoms, node enlargement, and hepatosplenomegaly. Laboratory studies should include CBC, liver function tests, BUN, sed rate, serum protein electrophoresis, serum copper,<sup>3</sup> PA and chest x-ray (and tomograms, if indicated), liver-spleen scan, and bone marrow biopsy.<sup>4</sup> In addition, patients should have bipedal lymphangiography and a gallium scan.<sup>5</sup> The recently developed techniques of sonography and computerized axial tomography will no doubt improve the accuracy of evaluation of abdominal and retroperitoneal structures.

## **LAPAROTOMY AND SPLENECTOMY**

The advent of bipedal lymphangiography brought about a major advance in the knowledge of patterns of spread of Hodgkin's disease and its management.<sup>6</sup> However, further experience with this technique has

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revealed its inherent limitations. If strict criteria are used for its interpretation, a grossly positive lymphangiogram will be a reliable indicator of abdominal disease.<sup>7</sup> However, an occasional patient with a clearly negative lymphangiogram will have occult abdominal disease and an equivocal study is no help at all in predicting involvement.<sup>8</sup> Nonetheless, for aid in planning radiotherapy ports and assessing the accuracy of surgical staging, most centers still retain this procedure as part of their pre-treatment evaluation.

Clinical evaluation of involvement of the liver and spleen is even more prone to error. Physical examination, liver function tests, scan, and percutaneous liver biopsy are notoriously inaccurate for their false positives and negatives.<sup>9,10</sup> Likewise, although many enlarged spleens are proven positive, some are negative, and many clinically negative spleens are found after splenectomy and careful sectioning to contain foci of Hodgkin's disease.<sup>11</sup>

Consequently, most centers still recommend the fairly routine use of laparotomy with splenectomy, wedge liver biopsy, and selected lymph node biopsies as part of the initial evaluation. By this procedure, approximately 20% of patients with clinical IA or IIA disease will be found to have abdominal involvement, as will 40% of clinical IB or IIB patients.<sup>7</sup>

In addition, there are added benefits ensuing from the splenectomy.<sup>12</sup> This precludes the necessity of splenic irradiation, thus reducing the hazard of radiation-induced pulmonary disease and nephritis. Also, splenectomy may improve tolerance of the patient to future chemotherapy.

However, the potential benefits vs. risks of staging laparotomy must be weighed carefully in each patient. The reports of the increased risk of severe infection in splenectomized pediatric patients is worrisome,<sup>13</sup> and the operation is a major one with some morbidity and a rare operative mortality.<sup>14</sup>

Consequently, we recommend laparotomy in all patients where the procedure is likely to result in a change in management (*vide infra*). It is reasonable not to perform the surgery for patients found to have Stage IIIB or IV disease during the clinical evaluation or for patients with excessive operative risk.

## **RADIOTHERAPY**

The concepts of high-dose radiation therapy and treatment of uninvolved lymph node areas brought the notion of potential cure to a previously universally fatal disease. Total nodal radiotherapy (TNR) or irradiation of all major lymph node regions (cervical, axillary, mediastinal, para-aortic, and inguinal) became standard therapy and as many as 90% of patients with Stage IA and IIA Hodgkin's disease will be alive and disease-free five years after treatment, which is tantamount to cure.<sup>15</sup> However, there is considerable morbidity from TNR, primarily from pelvic radiotherapy which involves radiation of the majority of the patient's bone marrow.

With the advent of staging laparotomy, many investigators have questioned the need for pelvic radiotherapy in patients with proven upper torso Stage I or II disease. They have insisted that the favorable results from TNR in the pre-laparotomy era were from patients with unrecognized Stage III disease. In a recent study<sup>16</sup> of 81 patients with median followup of 31 months, 95% of Stage IA patients and 86% of IIA patients were alive and disease-free with extended field therapy, which includes an upper mantle plus para-aortic ports but eliminates pelvic radiotherapy. Moreover, none of the recurrences were pelvic and the majority of relapsing patients easily entered complete remission with chemotherapy. Another large study<sup>17</sup> has given similar results. Consequently, we favor extended field therapy for patients with pathologic stages IA and IIA.

The treatment of Stage IIIA disease has been more controversial. Some physicians favor TNR, others combination chemotherapy. In the

only random prospective study,<sup>18</sup> complete remission rate of patients treated with TNR (95%) was significantly better than patients treated with MOPP chemotherapy (74%), as was disease-free survival (74% vs. 46%). No overall survival differences yet have been demonstrated. We favor TNR as initial treatment for these patients.

As favorable as the above results are for limited disease, it has become clear that radical radiation therapy is inadequate management for patients with systemic symptoms at the time of diagnosis (IB, IIB, IIIB), presumably because these patients have occult disseminated disease.<sup>19</sup> Consequently, innovative approaches to these difficult patients are in order.

## **CHEMOTHERAPY**

With 13 years experience, combination chemotherapy of advanced Hodgkin's disease with MOPP has clearly represented a major advance. This regimen embodies the classic principles of combination chemotherapy, which are single agent activity for all drugs, synergism, non-overlapping toxicity, and differing mechanisms of actions. The MOPP regimen is:

- Nitrogen mustard 6 mg/M<sup>2</sup> day 1 and 8 (I.V.);
- Oncovin 1.4 mg/M<sup>2</sup> day 1 and 8 (maximum single dose—2 mg.);
- Procarbazine 100 mg/M<sup>2</sup> p.o. days 1-14;
- Prednisone 40 mg/M<sup>2</sup> p.o. days 1-14 (cycles 1 and 4 only).

These cycles are repeated every 28 days with a downward dosage adjustment for nitrogen mustard and procarbazine if the WBC is <4,000 or platelet count <100,000. Neurotoxicity, nausea and vomiting are troublesome, but reversible.

With this form of therapy, one can expect induction of complete remission in 66-91% of patients previously untreated with chemotherapy.<sup>20,21</sup> In the series of patients with longest follow-up, 81% of 194 patients achieved complete remission, and of these 82% are alive at five years and 72%

at 10 years.<sup>22</sup> No patient relapsed after 42 months off therapy, and thus many of these patients can be considered cured.

In patients in complete remission after 6-8 cycles of MOPP, we favor cessation of therapy. Although the remission duration in patients not receiving maintenance therapy is shorter, the relapsing patients can be re-induced with MOPP, and no overall survival differences have been observed.<sup>20,23</sup>

Of patients who relapse after having achieved complete remission on MOPP, the majority do so in areas of previous nodal involvement.<sup>20,24</sup> Theoretically, one could sterilize these sub-clinical foci of residual disease with radiation therapy. Consequently, our approach to all patients with Stage IB, IIB, IIIB, IVA and IVB is initial treatment with 6-8 cycles of MOPP (rads) adjuvant radiation therapy to followed by low dose (2,000-3,000 areas of pre-treatment nodal disease in those attaining complete remission. We favor MOPP as initial treatment for Stage IB and IIB because of recent results indicating survival of Stage IVB patients treated with MOPP superior to IB and IIB patients treated with TNR.<sup>19</sup>

## MOPP FAILURES

Approximately 25% of patients with advanced Hodgkin's disease will be induction failures with MOPP. Another group of patients will initially achieve complete remission, but relapse and fail re-induction. A variety of non-cross resistant drugs have shown significant activity in refractory patients and an occasional complete remission, including vinblastine, bleomycin, CCNU, adriamycin, streptozotocin, and imidazole carboxamide (DTIC). It seems theoretically possible that a combination regimen could be devised capable of inducing complete remission in a high percentage of refractory patients. Data are scanty, but a number of effective combinations have been employed including adriamycin + bleomycin + vinblastine + DTIC,<sup>25</sup> adriamycin + CCNU,<sup>26</sup>

and CCNU + vinblastine + bleomycin.<sup>27</sup> We are currently evaluating combination therapy with vinblastine + adriamycin + bleomycin + CCNU + DTIC for refractory patients.

## CONCLUSIONS

Approximately 90% of patients with localized Hodgkin's disease and a significant number of patients with advanced disease can be cured by modern therapy. As this is a potentially curable malignant neoplasm, there is no excuse for less than aggressive evaluation and therapy. The treatment is difficult and requires the close cooperation of a skilled pathologist, radiotherapist, and chemotherapist. Many patients will benefit from combined modality therapy. For patients resistant to standard therapy, effective second-line chemotherapy exists.

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Reference 1. Data on file. Mead Johnson Pharmaceutical Division.

**Indications:** For the symptomatic treatment of bronchospastic conditions such as bronchial asthma, asthmatic bronchitis, chronic bronchitis, and pulmonary emphysema.

**Dosage: Quibron**—Adults: 1-2 capsules or 1-2 tablespoonfuls elixir every 6-8 hours. Children under 12: 4-6 mg theophylline/kg body weight every 6-8 hours.

**Quibron-300**—Adults: 1 capsule every 6-8 hours.

Theophylline dosage may be cautiously increased to 2000 mg/24 hour in adults and 9 or 10 mg/kg every 6 hours in children. Monitoring of serum theophylline levels at higher dosages is recommended.

**Precautions:** Do not administer more frequently than every 6 hours, or within 12 hours after rectal dose of any preparation containing theo-

phylline or aminophylline. Do not give other xanthine derivatives concurrently. Use in case of pregnancy only when clearly needed.

**Adverse Reactions:** Theophylline may exert some stimulating effect on the central nervous system. Its administration may cause local irritation of the gastric mucosa, with possible gastric discomfort, nausea, and vomiting. The frequency of adverse reactions is related to the serum theophylline level and is not usually a problem at serum theophylline levels below 20 µg/ml.

**How Supplied:** Quibron Elixir: Bottles of 1 pint and 1 gallon. Quibron Capsules: Bottles of 100 and 1000 and unit-dose packs of 100.

Quibron-300 Capsules: Bottles of 100.

DENNIS STEVENS, M.D.<sup>1</sup>  
RICHARD L. SCHREINER, M.D.<sup>2</sup>  
Indianapolis

SEMINARS FROM



RILEY CHILDREN'S HOSPITAL

# Infants of Diabetic Mothers

Collaborative effort from obstetrics, internal medicine, pediatrics, and laboratory is necessary to provide this high quality support. Pregnant diabetic women should be managed in high risk obstetrical centers with a neonatal intensive care unit.

The infant of a diabetic mother (IDM) has a classical appearance: large for gestational age, obese, plethoric, cushingoid, with large liver, spleen, umbilical cord and placenta. Infants who are born of mothers with severe diabetes with vascular disease may be small for gestational age.

*Figure 1* lists the complications that can arise in an infant of a diabetic mother. About 50-60% of infants of diabetic mothers will have respiratory distress, frequently hyaline membrane disease. The management of an infant of a diabetic mother with respiratory distress is similar to that of other infants with respiratory distress. One should always remember that sepsis, especially group B streptococcal infection, may be the cause of respiratory distress in these infants.

Approximately 50% of IDMs will have **hypoglycemia**; of these, approximately half will be symptomatic if they are not screened appropriately.

Approximately 25% of IDMs will have **hypocalcemia**. This is thought to be due to an impaired responsiveness to parathyroid hormone. It

**FIGURE 1**  
**Problems of the IDM**

HMD  
Hypoglycemia  
Hypocalcemia  
Hyperbilirubinemia  
Congestive heart failure  
Congenital malformations  
Polycythemia  
Renal vein thrombosis  
Hypercoagulability  
Sepsis  
Prematurity

**T**he mortality and morbidity are very significant in infants of diabetic mothers; however, these can be significantly reduced with careful perinatal management.

Diabetic pregnancies are fairly common. The frequency of the problem is significant since 1% of babies are the product of a diabetic or of a gestational diabetic mother. With proper care of the mother, the fetus and the newborn, almost all of these infants will be normal. It is very difficult to provide proper care of these mothers and infants.

<sup>1</sup>Neonatal-Perinatal Fellow  
<sup>2</sup>Assistant Professor of Pediatrics

From the Department of Pediatrics, Section of Neonatal-Perinatal Medicine, Indiana University School of Medicine and the James Whitcomb Riley Hospital for Children.

can be diagnosed by a serum calcium less than 7.5-8 mg%. The treatment is the same as in other infants with hypocalcemia—calcium gluconate or calcium lactate. We usually screen each infant of a diabetic mother daily for the first four days. If the infant has symptomatic hypocalcemia, intravenous calcium with EKG monitoring should be used. If the infant is not symptomatic, additional calcium may be added to his daily IV fluids, or oral calcium may be administered.

Approximately 30% of IDMs will have **hyperbilirubinemia**. The pathogenesis of hyperbilirubinemia in the IDM is not well understood but may be secondary to a number of factors. These include increased red cell mass, bruising or trauma secondary to the large birth weight, and a higher incidence of prematurity.

Approximately 10% of IDMs have **congestive heart failure**. These infants frequently have large hearts secondary to glycogen storage and poor contractility, the etiology of which is not known. The symptoms of congestive heart failure are the same as in other infants—cardiomegaly, tachypnea, tachycardia, rales, large liver, and gallop. The therapy for congestive heart failure is also the same. Most of the IDMs with cardiomegaly do not have structural heart lesions, and the cardiomegaly will resolve over a few weeks. To complicate the issue there is also an increased risk of congenital heart defects in IDMs. In addition, the hypoglycemia may also result in cardiomegaly and congestive heart failure.

Although the literature is controversial, it appears that the incidence of **congenital malformation** is increased in infants of diabetic mothers. Examples include cardiac anom-

alies and skeletal malformations, although many other anomalies seem to have an increased incidence in infants of diabetic mothers. One of the most classical congenital anomalies in infants of diabetic mothers is sacral agenesis or the caudal regression syndrome. This syndrome has a wide spectrum from mild sacral abnormalities to total fusion of the lower extremities, termed sirenomyelia.

**Polycythemia** or an elevated hematocrit reading is also common in infants of diabetic mothers. Polycythemia is diagnosed by a central (venous) hematocrit reading greater than 60-65%. Infants who have polycythemia and are symptomatic (respiratory distress, neurologic symptoms, hypoglycemia) are treated with a partial plasma exchange transfusion to lower the solid constituents of the blood. It is important to remember that a hematocrit reading obtained by a heel or finger stick may be as much as 10 hematocrit percentage points higher than a venous stick. If an infant has a central venous hematocrit value greater than 60-65% and is asymptomatic, with absolutely no respiratory distress, cardiomegaly or neurologic manifestations, then it is not known whether a partial exchange transfusion is of any benefit. However, if the infant is symptomatic, a partial exchange transfusion should be performed.

**Renal vein thrombosis** also appears to be increased in infants of diabetic mothers. The high incidence of this in the past may be related to a number of factors including polycythemia and dehydration secondary to inadequate fluid administration. It is diagnosed by enlarging renal mass, proteinuria, and microscopic hematuria. The treatment is controversial, but most would advocate heparinization rather than surgery.

**Hypercoagulability** is also seen in infants of diabetic mothers. The incidence of major vessel clots such as renal vein thrombosis and major arterial thrombosis is increased in infants of diabetic mothers. Again, this may be related to polycythemia. Preliminary evidence suggests that there are deficiencies of certain fibrinolytic factors (anti thrombin III) in IDMs.

Infection is also more common in infants of diabetic mothers, possibly secondary to the fact that they are more frequently **premature**. Any infant of a diabetic mother should be considered a possible candidate for **sepsis** and, if the infant has any symptoms or signs of sepsis, blood, urine and spinal fluid cultures should be obtained and the infant started on antibiotics.

It is important to remember that the care of the diabetic mother and her fetus and infant is extremely complex. These mothers and infants should be cared for in centers where there are high risk obstetrical intensive care units with obstetricians experienced in the care of high risk pregnancies and where there are sophisticated neonatal intensive care units, preferably with neonatologists. With the proper care of the mother, fetus and newborn, most infants of diabetic mothers will be healthy children.

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A videotape program, "Neonatal Hypoglycemia and the Infant of the Diabetic Mother," is available for loan (free to Indiana hospitals, physicians, nurses, etc.) or purchase from:  
Medical Educational Resources Program  
(MERP)  
Indiana University School of Medicine  
1100 W. Michigan St.  
Indianapolis 46202

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Correspondence and requests for reprints: Richard L. Schreiner, M.D., Department of Pediatrics, Indiana University School of Medicine, 1100 W. Michigan St., Indianapolis 46202.

# Screening for Colon/Rectum Cancer

ROBERT A. McDOUGAL, M.D.  
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MRS. HOWARD S. WILLIAMS  
ROSE ASTESANO  
Indianapolis

There is increased interest in screening for colon/rectum cancer, as evidenced by several recent "Letters to the Editor" of JAMA.<sup>1,2,3,4</sup> These letters told of screening programs for colon/rectum cancer by using "Hemoccult" to detect occult blood in the stool.

One of the three ongoing cancer screening projects of The Little Red Door of Indianapolis (Marion County Cancer Society, Inc., a United Way Agency and affiliated with The United Cancer Council), is distributing "Hemoccult" kits and information on colon/rectum cancer. Most recipients are over 40 years of age, but any request

from an adult is accepted. After more than 2½ years, we found that we had distributed 6,943 kits. Of those distributed, 3,788, or 60%, were returned for testing, a "compliance" rate which we feel is good. Goodman<sup>1</sup> had 65% in a group also being studied for breast cancer. Thirty-seven of our tests for occult blood, or almost 1%, were positive. Three were lost to follow-up, but the others completed a second series on a special diet. Of these, 12, or 0.3%, were again positive. Patients in this group were referred to their own physicians. All received further studies, and three malignancies were found — two

Dr. McDougal is a pathologist with the Hendricks County Hospital, Danville 46122. The co-authors are with the Marion County Cancer Society, Inc., The Little Red Door, Indianapolis.

	McDougal Marion Co.	Goodman <sup>1</sup> Portland	Helfrich <sup>2</sup> Wash., D.C.	Helfrich <sup>2</sup> Va./Md.	Hastings <sup>3</sup> Mercer Co.	TOTAL
Number screened	3788	1701	8930	4858	3450	22,727
Number positive	37	9	157	27	159	389
Per cent positive	1%	0.5%	1.75%	0.5%	5.0%	1.7%
Number repeated-positive	12	—	16	—	—	—
Per cent of whole series	0.3%	—	0.2%	—	—	—
Number cancer colon	2	0	3	2	6	13
Per cent of whole series with cancer colon	0.05%	0%	0.03%	0.04%	0.17%	0.06%
Screens to yield one case cancer colon	2000	0	3333	2500	588	1666

asymptomatic sigmoid colon cancers and one prostate cancer. The remaining included two who were worked up, one for the second time; no lesions were found. The others had various pathologic causes of bleeding, such as polyps, diverticulae, fissures, parasites and purpura. One person who had gross blood did not send in a specimen but presented himself to an oncologist, who found colon cancer.

Adding our program to the four reported in JAMA, the total population screened was 22,727, of whom 289, or 1.7%, were found to have occult blood in the first (or only) test. Thirteen cases, or 0.06%, of colon cancer were found. In a recent letter, Winawer<sup>4</sup> quotes two papers giving the prevalence of invasive carcinoma in asymptomatic patients over 40 years of age as ranging from 0.00% to 0.16%.

We state in our instructions to avoid taking Vitamin C or eating rare meat, and on the repeat test (of the 1% initially found positive), a meat-free, high roughage diet is

recommended. Specimens are obtained at least one day apart. The repeat test yielded 0.3% positive, comparable to the 0.2% Helfrich<sup>2</sup> obtained in Washington, D.C. We feel that the test does not yield enough false positives to warrant a severe dietary restriction for the first kit (three separate days' stools) and most of those with occult blood after the second kit have some pathologic process worthy of a "work-up."

We estimate the cost per person at approximately \$1.30. The total screening cost divided by the number of positive second tests showed a cost of \$410. each for the 12 who had occult blood on the repeat test. Most of these had abnormalities. The two colon cancers were asymptomatic and did not require colostomies. Hopefully, they were detected and treated early with a better chance of cure.

We are pleased with the 60% return of the kits dispensed. Our program is an ongoing one, while some of the others were one-time pro-

grams. Many lay readers heard of our program in the October 1977 issue of THE SATURDAY EVENING POST; the Medical Editor advised readers to send for a kit.

The ease of obtaining specimens, high compliance rate, low false-positive rate and high incidence of a pathologic process in those with repeated evidence of occult blood make this a highly recommended routine test that especially should be done on persons over 40. We hope that other cancer societies will establish similar programs, and that individual physicians realize the significance of doing occult blood tests on all patients.

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# Oral Contraceptives and Thromboembolic Disease

JAMES A. HALL, M.D.  
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Indianapolis  
BERNARD R. HALL, M.D.  
Logansport

The safety of oral contraceptives is of great concern to the obstetrician-gynecologist. As a primary care physician, he must be able to properly advise his patients in the area of family planning and recognize any complications that may arise. The purpose of this paper is to present two patients who developed deep vein thrombosis while receiving oral contraceptives and to review briefly the literature concerning the frequency of association between oral contraceptives and thromboembolic disease.

## CASE REPORT #1

J.W. is a healthy 33-year-old, gravida 2, para 1, abortus 1, who presented herself March 24, 1973 with spontaneous onset of pain and swelling in her left leg. She had no history of illness or injury. Physical exam revealed a swollen, blue-black left lower extremity from the groin to the toes. Arterial pulses were intact. She had been using oral contraceptives since March 1964. A diagnosis of phlegmasia cerulea dolens was made.

Dr. J. A. Hall is with the Department of OB/GYN and Dr. Mandelbaum, a thoracic surgeon, is with the Department of Surgery, Indiana University School of Medicine. Dr. B. R. Hall is a Logansport obstetrician/gynecologist.

The patient underwent immediate thrombectomy through a femoral venotomy utilizing a Fogarty catheter. Large clots were extracted from the left common and external iliac veins as well as from the distal venous tree. Intravenous heparin was continued for one week post-operatively; the patient was released on 900 mg of aspirin per day. She had no further episodes and continues to wear support. Oral contraceptive usage was not restarted.

## CASE REPORT #2

S.E. is a healthy 37-year-old, gravida 3, para 3, who presented herself May 9, 1975 complaining of heaviness and swelling of her left upper extremity. For the previous two days, she had noted a

tingling sensation in the knuckles and swelling of her left hand. There was no dyspnea or chest pain. She denied any previous similar episodes and had no recent exertion or strain. She had used oral contraceptives from 1961 until 1966 and following a pregnancy in 1967 until the present episode.

Physical examination revealed a tight, swollen left upper extremity that was markedly dusky. Arterial pulses were normal. There was tenderness in the left axilla. A diagnosis of deep vein thrombosis was made. Therapy consisted of intravenous heparin, elevation, and elastic compression. The swelling receded and the color returned to normal within a few days. The patient was discharged one week later and was placed on Coumadin for two

## Rates of Thromboembolic Disease and Oral Contraceptive Usage

(Rates Per 1000 Women-Years)

	Hospital Data	
	USERS	NON-USERS
Vessey and Doll <sup>2</sup> 1968	.47	.05
Drill and Calhoun <sup>3</sup> 1968	.55	.91
Fuertes-de la Haba <sup>6</sup> 1971	1.81	1.62
Drill <sup>4</sup> 1972	.97	.90
Grounds <sup>7</sup> 1974	7.6	23

weeks. She has continued to do well without any evidence of swelling or pain. Oral contraceptive usage was not continued.

## DISCUSSION

The association between thromboembolic disease and oral contraceptives is a widely accepted but far from proven conclusion. In 1961, Jorden<sup>1</sup> reported a patient who developed bilateral pulmonary embolism 10 days after cessation of treatment of endometriosis with norethynodrel and ethinyl estradiol 3-methyl ether. Numerous retrospective studies followed in the literature and while some<sup>2</sup> concluded a cause and effect relationship between oral contraceptives and thromboembolic disease, others<sup>3,4</sup> refuted this.

In an effort to improve upon retrospective studies, Fuertes-de la Haba<sup>5</sup> in 1970 reported a prospective study from 1961 to 1969 in Puerto Rico. Women were randomly divided into oral contraceptive and vaginal contraceptive groups. The oral group, 4,486 patients, received norethynodrel with mestranol and the vaginal group, 4,787 patients, was excluded from using any form of intra-cervical or intra-uterine device. Thirty deaths, of which 12 occurred in the oral group, were verified. In 10 of 12 deaths in the oral group, the common causes of death—such as cancer, heart diseases, and accidents—were responsible for the patients' deaths. The association with oral contraceptives could not be ruled out in two. Accidents, cancer, and long standing disease were primarily responsible for the deaths in the vaginal group. Fuertes-de la Haba<sup>6</sup> later published an additional study concerning thrombophlebitis among his original population,<sup>5</sup> plus 265 new patients. The incidence in the oral contraceptive group was 1.8/1,000 women years and 1.6/1,000 women years in the control group. Fuertes-de la Haba concluded that there was no statistical difference between the oral contraception group and the control group with respect to thrombophlebitis.

Grounds<sup>7</sup> in 1974 reported a prospective study by the Royal Australian College of General Practitioners using data from 40 physicians. For each group there was a lower thromboembolic disease rate among users than among non-users of oral contraceptives. The overall incidence in users was 7.6/1,000 women years compared to 23/1,000 women years for the non-users. Alkjaersig *et al*<sup>8</sup> reported plasma fibrinogen chromatography which detects small thrombi with accuracy comparable to I-labeled fibrinogen scan methods. Through screening of a prospective group as well as an existing group of oral contraceptive users, the authors indicated 6% of the controls had findings indicative of thrombi compared to 27% of the oral contraceptive group. All of the thrombi detected were asymptomatic; however, the authors inferred the oral contraceptive group to be four to five times at risk for clinically overt disease. (See the accompanying table for reported rates of thromboembolic disease.)

Medical literature concerning the relationship between oral contraceptives and the risk of thromboembolic disease is confusing. The relative rareness of the disease, as well as the problems in establishing a random assignment of oral and non-oral means of contraception, make valid attempts at investigation very difficult. Retrospective review may fail to uncover the bias that oral contraceptive usage played in the decision to hospitalize the patient with minimal symptoms of thrombosis.<sup>9</sup>

Uniform identification of those with symptomatic as well as asymptomatic thrombi is difficult. Changes in the coagulation mechanism and its effect in the patient have not been agreed upon. Similar alterations in coagulation factors during pregnancy have not resulted in an increased rate of thromboembolic disease.

## SUMMARY

1) Clinical thromboembolic disease may occur in patients who are receiving oral contraceptives, but it

is dubious that a valid statistical association between the two exists. 2) Silent "clots" in the lower extremities of such patients may occur with higher incidence than in the general population. The clinical significance of this finding remains to be determined. 3) Oral contraceptives are effective in birth control and their usage is safe in properly selected individuals. 4) Patients should be informed about the current status of oral contraceptives and thromboembolism. 5) Should phlebothrombosis or its sequels occur, immediate consultation and treatment by a vascular surgeon is indicated. 6) When discussing the morbidity rate of oral contraceptive users, one must weigh this against the morbidity as well as social and economic effects of non-users who would have become pregnant using other, less effective forms of contraception.

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## Care of the Child With Cancer to be Discussed

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## GYN Surgery and Oncology Seminar Scheduled

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The Network for Continuing Medical Education (15 Columbus Circle, New York City 10023) has announced a list of upcoming programs.

May 1-14:

- **Diagnostic Imaging (Radiology).** One hour AMA Cat. 1; AAPF prescribed credit.

May 15-28:

- **Hypercalcemia: A Guide to Decision-Making.**
- **Face Pain: The Differential Diagnosis and Treatment.**

May 29-June 11:

- **The New Vegetarians: A Health Food Hype?**
- **Giant Cell Arteritis: Diagnosis and Treatment.**
- **Management of Patients on Respirators.**

## International Conference on Heart Disease Slated

An international conference entitled "Heart Disease and Rehabilitation—State of the Art 1978" will be held May 11, 12 and 13 at the Marc Plaza Hotel, 509 W. Wisconsin, Milwaukee. It will be presented by Mount Sinai Medical Center in cooperation with the University of Wisconsin. Program fee for physicians is \$200. It is good for 20 credits in Category I for the Physician's Recognition Award of the AMA, and is acceptable for 20 elective hours by the American Academy of Family Physicians. Write the Public Relations Department, AHA/WA, 795 N. Van Buren, Milwaukee 53202.

## Menninger Foundation Plans Two Workshops

Workshops for "Physicians and Their Families" will be held in Estes Park, Colo., June 18-23 and Aug. 13-18. Sponsored by the Menninger Foundation, the workshops are designed to reacquaint the physician with family dynamics and the stages families go through in their growth. The AAFP approves this for 25 prescribed hours and the AMA gives 25 hours credit in Category I. For particulars write Erwin T. Janssen, M.D., The Menninger Foundation, Box 829, Topeka, Kan. 66601.

CONTINUED ON PAGE 421

## To Mark Centennial

### ***Floyd County Medical Society***

Governor Otis R. Bowen of Indiana will be the keynote speaker during a dinner-dance in New Albany May 1 to celebrate the 100th anniversary of the Floyd County Medical Society.

Dr. Stephen W. Nale, vice-president of the society and chairman of the centennial plans committee, provided THE JOURNAL with a few historical "believe-it-or-not's."

The first "medical college" in Indiana was founded as the "Christian College at New Albany" or the "University of New Albany" in 1833 by John Cook Bennett. The "school" was merely a diploma mill, since no actual instruction ever transpired; it folded within a year.

On the more positive side, two nationally known medical journals were published at New Albany in the late 19th century. "The Medical Review" (1880-81) was published by Dr. Edwin Severinghaus, and "The Medical Herald" (1879-92) was published by John Ford Barbour.

The FCMS was founded at New Albany by Drs. J. H. Lemon and E. P. Easley. Eight physicians filed the necessary papers of charter on May 1, 1878: S. J. Alexander, Charles Bowman, George Cannon, W. H. Clapp, R. A. Davis, John Sloan, Easley and Lemon.

Three Floyd County physicians have served as presidents of the Indiana State Medical Association: Drs. Ashahel Clapp, Walter Leach and Augustus Hauss. Dr. Hauss became ISMA's 100th president in 1949.

The current officers of FCMS, composed of 53 active and four emeritus members, are Dr. George Allen, president; Dr. Nale; Dr. Daniel H. Cannon, secretary; and Dr. Everett E. Bickers, AMA delegate.

# NEWS NOTES



## Former ISMA Presidents Meet

Dr. Lowell H. Steen of Hammond (left) chats with Dr. Vincent Santare of East Chicago after Dr. Steen, AMA trustee, presented the Physician Recognition Award to Dr. Santare during this year's AMA physicians' dinner, at Lynwood, Ill. Both men are former presidents of the Indiana State Medical Association; Dr. Steen served as president from 1968-70, while Dr. Santare held that position from 1974-76. During the past two years, 50 of St. Catherine Hospital's physicians—Dr. Santare is vice-president of the medical staff there—have earned the Physician Recognition Award through continuing medical education programs provided at the hospital. (A list of Indiana physicians who also have received the award this year appears on Page 420.)

## Dean Beering Visits Germany

Dr. Steven C. Beering, dean of the I.U. School of Medicine, was one of a small group of faculty members from Indiana University who attended a week-long symposium in West Germany in early February. They were guests of Christian-Albrechts University at Kiel. The I.U. School of Medicine renewed its exchange agreement with the university.

## I.U. Med Center Gets CT Scanner

The fastest computed tomography diagnostic scanner will soon be operational in the Indiana University Medical Center. Picker Corporation is installing the Syner-view 600, which incorporates the latest technology. Scan time is one second, which makes observations of the breath-holding parts of the body more accurate and much more definitive for children, the elderly and the very ill patient.

## Dr. Adad Elected to Fellowship

Dr. Wahbi Adad of Highland, cardiology director in charge of St. Anthony Medical Center's non-invasive laboratory, has been elected a fellow of the American College of Cardiology.

## Appointments

Dr. Donald J. Hooker, Ligonier, has been appointed to serve on the Noble County Health Board.

Dr. Daniel T. Ramker, Hammond, has been named to Calumet College's board of directors.

Dr. J. C. Espino, Munster, has been reappointed medical director of the Lake County Convalescent Home and the Maple Manor Residential Home.

## Hospital Accreditations

The Joint Commission on Accreditation of Hospitals, Chicago, has granted two-year accreditations to Goshen General Hospital and Hendricks County Hospital.

## AAFP Film Available

Association Films has released a 27-minute, 16mm color film about the role of and need for family doctors in modern society. The film, "Doctors for People," is sponsored by the American Academy of Family Physicians. It shows that family doctors treat the whole person, not just diseases or organs. The film is available on a free loan basis from Association Films, 866 Third Ave., New York City 10022.

## Elections

**St. Catherine Hospital of East Chicago**—Dr. William G. Grosso, president; Dr. Vincent Santare, vice-president; Dr. Rodolfo M. Madlang, secretary-treasurer.

**Gibson General Hospital, Princeton**—Dr. J. L. H. Rayes, president; Dr. R. E. Weitzel, vice-president; Dr. W. E. Dye, secretary-treasurer.

**St. Anthony Medical Center, Crown Point**—Dr. George J. Volan, president; Dr. William A. Misch, president-elect; Dr. Henry S. Lebioda, treasurer; Dr. John A. Mirro, Jr., secretary.

**St. Margaret Hospital, Hammond**—Dr. David M. Harvey, president; Dr. Barron M. F. Palmer, vice-president; Dr. William V. Hehemann, secretary-treasurer.

**Memorial Hospital, Michigan City**—Dr. Bienvenido Ticsay, president; Dr. A. J. Galinis, president-elect; Dr. Robert McBride, secretary-treasurer.

**Hendricks County Hospital, Danville**—Dr. Joseph C. Kerlin, chief of staff; Dr. David Haggard, vice chief of staff; Dr. William D. W. Edwards, secretary-treasurer.

## New Professional Periodical Introduced

A new bimonthly professional periodical, **Marriage and Family Review**, is now in circulation. It is published by the Haworth Press. Each issue will contain "Rapid Abstracts" of pertinent articles on marriage and the family, psychology, sociology, social work and social services, law, psychiatry and health care. Major review articles are also planned.

# NEWS NOTES

## New Year's Greeting: Quit Smoking!

Members of the St. Joseph County Medical Society recently cooperated with the American Lung Association, North Central Indiana Branch, in producing an anti-smoking newspaper ad. The doctors sent their signature card and \$7 to the association to create the ad, developed as a beneficial New Year's greeting. The message: "To be more healthy, to steer a better course to happiness, the following members of St. Joseph County Medical Society make this recommendation: GIVE YOURSELF A NEW YEAR—QUIT SMOKING." The physicians' signatures appeared below the message, which occupied most of a page in South Bend's daily newspaper.

## Medical Leadership Scores High

The public shows its greatest confidence in the "people running medicine," according to a Harris Survey taken in late 1977. Fifty-five per cent of the public said it has "a great deal of confidence" in medical leadership, compared to 42% in a 1976 survey. Scoring second to medical leadership was higher education with 41%. An earlier Harris Survey, designed to test whether the public thinks the leaders of various institutions and professions are "in touch with" the people they are supposed to lead or help, showed that 73% felt medicine's leaders "really know what people want." Sixty-nine per cent thought so in 1975. (Courtesy of "In Brief," AMA, February 1978)

## Physician Recognition Awards

The following Indiana physicians are recent recipients of the AMA's Physician Recognition Award. This award is official documentation of Continuing Medical Education hours earned, and is acceptable proof in most states requiring CME in re-registration that the mandatory hours of CME have been accomplished.

Acton, Charles M., Terre Haute  
Ahn, Kyung J., Munster  
Amorini, Michael F., Columbus  
Apellido, Liberacion L., Highland  
Baker, Leslie M., Aurora  
Balter, Eugene L., Gary  
Bautista, Warlito A., Jeffersonville  
Beaver, Ernest R., Rensselaer  
Beltz, Homer F., Carmel  
Bennett, Benjamin D., Kokomo  
Berkshire, Shaffer B., Columbus  
Blair, Garre E., Vevay  
Bolinger, Garry L., Indianapolis  
Bridges, William L., Fort Wayne  
Brown, David L., Indianapolis  
Brown, Robert R., Terre Haute  
Cabrera, Juan C., Evansville  
Cahn, Peter H., Indianapolis  
Campbell, Frank, Anderson  
Capello, William N., Zionsville  
Caylor, Harold D., Bluffton  
Chu, Johnson C. S., Logansport  
Clunie, William A., Huntington  
Clutter, Robert E., Indianapolis  
Conway, Louis W., Lafayette  
Cotter, Edward R., Hammond  
Cuff, Steve C., Fort Wayne  
Cure, Charles W., Columbus  
Daly, Joseph M., Indianapolis  
Dizon, Gualberto R., Munster  
Dryden, Gale E., Indianapolis  
Faris, James V., Indianapolis  
Feinn, Harry S., LaPorte  
Friedman, Morris S., South Bend  
Furr, Jack D., Hillsboro

Gabovitch, Edward R., Indianapolis  
Gatzimos, Christos D., Wabash  
Gillum, Eugene M., Portland  
Golper, Marvin N., Kokomo  
Goodman, Julius M., Indianapolis  
Greenberg, Burton H., East Chicago  
Guevara, Frenita B., Upland  
Haick, Edward, Scottsburg  
Hansen, Nikolas F., Valparaiso  
Harcourt, Robert S., Indianapolis  
Heck, Larry L., Indianapolis  
Heinrich, Weston A., Evansville  
Hermann, Harold W., Evansville  
Himmelsbach, William A., Elkhart  
Hirsch, Theodore, Connersville  
Hoog, John M., Fort Wayne  
Horning, Richard R., Logansport  
Hussey, Lawrence K., South Bend  
Hous, John C., Evansville  
Isenogle, Kenneth P., Fort Wayne  
Jimenez, Feliciano F., Munster  
Jones, Francis P., Indianapolis  
Kays, Howard W., Evansville  
Krueger, John E., South Bend  
Lacera, Donald E., Hammond  
Lawton, Dennis F., Muncie  
Lee, Lorin L., Indianapolis  
Levin, Harvey J., Hammond  
Lim, Young S., Evansville  
Logan, Richard S., Fort Wayne  
Lowes, Donald R., Indianapolis  
Madlang, Rodolfo M., Munster  
Mangahas, Violeta R., Hammond  
Marquez, Adoracion A., East Chicago

McAfee, George J., Indianapolis  
McEwen, David A., Lafayette  
McKechie, Robert K., Jeffersonville  
Medina, Herbert L., Munster  
Meredith, Jesse H., Tipton  
Miller, James C., Greensburg  
Milos, Robert J., Merrillville  
Moak, Glenn D., Indianapolis  
Morrison, Lewis E., Indianapolis  
Noveroske, Richard J., Evansville  
Noval, Augusto J., Terre Haute  
Odulio, Benito V., Mitchell  
Peterson, John C., Muncie  
Petitjean, Harold G., Haubstadt  
Ramker, Daniel T., Hammond  
Riley, Henry S., Madison  
Santare, Vincent J., Munster  
Scharoff, Jay R., Gary  
Schoonveld, Arthur, Brook  
Semerdjian, Aram, Munster  
Shetty, Dayananda M., Munster  
Shulruff, Harry I., East Chicago  
Song, John Ye Kun, Munster  
Spath, Carl B., Indianapolis  
Stafford, Tom M., Fort Wayne  
Steffen, Julius T., Wabash  
Tabion, Napoleon C., Munster  
Triplett, William B., Evansville  
Tweedall, Daniel C., Evansville  
Waksman, Alberto, Bluffton  
Weir, George R., Brownstown  
Wenzler, Paul J., Bloomington  
Wilson, Fred M., Indianapolis  
Yolles, Elliott A., Indianapolis

# NEWS NOTES

## Dr. Bibler Awarded Maynard K. Hine Medal

Dr. Lester D. Bibler, an Indianapolis family physician, has been awarded the Maynard K. Hine Medal, presented to Indiana University alumni for outstanding contributions to their professions, community and alma mater. Dr. Bibler, a 1925 graduate of the I.U. School of Medicine, is a 50-Year Club member of the Indiana State Medical Association and a charter fellow of the American Academy of Family Physicians. He served as the first president of the Indiana Academy of Family Practice and is a former associate professor of medicine at the I.U. School of Medicine.

## Nursing Scholarship Established

An annual nursing scholarship is being established from the Dr. H. P. "Bud" Graessle Memorial Fund. Dr. Graessle, a Seymour general practitioner 53 years, died in October. The fund committee decided that \$200 of the fund—more than \$2,200 has been received thus far—would be used for the first scholarship, to be awarded this spring to a county resident planning to enter nursing school. Contributions earmarked for the Dr. Graessle Fund may be sent to the Jackson County Hospital Foundation, P.O. Box 490, Seymour 47274.

## Columbus Surgeon Helps Police

Dr. E. Robert Jacobs, a Columbus general surgeon, was recently presented a plaque in recognition of having provided free physical examinations for members of the city's police department. On hand were Police Chief Fred Yentz and Mayor Max Andress.

# FUTURE FILE

CONTINUED FROM PAGE 418

## Postgraduate Surgical Course Offered

"Common Surgical Problems" will be the subject of a postgraduate course at Northwestern Medical School June 15 and 16. Write to Alumni Center for Continuing Education, 301 E. Chicago Ave., Chicago 60611.

## AMA to Host Annual Convention

The American Medical Association will hold its 127th annual convention June 17-21 in St. Louis. For information, write Dept. of Meeting Services, American Medical Association, 535 N. Dearborn, Chicago 60610.

## Nuclear Medicine Meeting Set

The Second International Congress of the World Federation of Nuclear Medicine and Biology will be held in Washington, D.C. Sept. 17-21. For details write to the Administrative Secretariat, 1629 K St., N.W., Suite 700, Washington, D.C. 20006.



## Eli Lilly and Company Announces Appointments

Dr. Gerard A. Von Der Haar (left) has joined the industrial medicine department of Eli Lilly and Company. Dr. Francis W. Price (right) has been named director of the industrial medicine division of that firm. Dr. Von Der Haar, Indianapolis, had been engaged in the private practice of family medicine for 25 years. Dr. Price, Zionsville, a staff physician with the firm since 1967, formerly served as manager and as assistant director of the division to which he has been named director.

## Dr. Wells Becomes Diplomate

Dr. Barbara D. Wells of Spencer has been named a diplomate in Internal Medicine by the American Board of Internal Medicine.

## I.U. Announces CME Formal Activities

May 3-4:

Basic Clinical Electrocardiograph

May 10-12:

Pediatric Radiology

May 10-11:

What's New in Obstetrics/Gynecology

May 24:

Chronic Schizophrenic Patients

June 3:

Indiana Conservative Hip Symposium

June 13-15:

Family Practice Review I

July 18-20:

Family Practice Review II

Aug. 3-4:

Care of the Emergency Room Patient

For further information, write or call: Indiana University School of Medicine, Division of Postgraduate Medical Education, 1100 W. Michigan St., Indianapolis 46202. (317) 264-8353.

## Apples and Oranges

### From The Journal 50 Years Ago

The slogan, "An apple a day keeps the doctor away," was put out by the apple growers' association. No doubt the movement led to greater consumption of apples and of course increased profit to the apple growers. Now the citrus fruit growers, particularly those in California, are carrying on an extensive advertising campaign to get people to consume more grapefruit and oranges. "Cure yourself with oranges and grapefruit juice" is the slogan.

What has been started by the California fruit growers is being taken up by the fruit growers of Florida and Texas. A deceiving part of the advertising campaign is the information that practically everyone suffers from acetonuria which citrus fruit will cure. Aside from this, the advertising conveys the idea that a great deal of ill health is caused by acetonuria and that citrus fruits will cure many of the ills of mankind in consequence.

There is no question but that fresh fruits and vegetables should form a part of a well-balanced ration, but if we are not mistaken the exaggerated and unproven statements concerning the thera-

peutic value of citrus fruits, which is being put out by the fruit growers' association, will act as a boomerang. Perhaps someone, seeking notoriety, will say something about the injurious effects of citrus fruits when consumed liberally, and then the jig will be up.

As a general proposition, truth in advertising pays, and when you deviate from the plain truth you may profit temporarily, but in the end you lose. There is not the slightest scientific evidence to prove that citrus fruits have any specific therapeutic value as a cure for certain diseases.

In the December issue of THE JOURNAL we commented on the quack remedy called "I-on-a-co," so-called electromagnetic therapeutic device developed by Gaylord Wilshire, the purpose being to magnetize the iron in the human body and reputed to cure all sorts of chronic diseases, including high blood pressure, arthritis, etc.

It may be interesting to know that Wilshire died last September from one of the diseases that his apparatus is supposed to cure.

JISMA, April 1928

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# BOOK REVIEWS



## Congenital Malformations of the Heart and Great Vessels

*Hans Bankl, Urban & Schwarzenberg, Medical Publishers, 7 East Redwood St., Baltimore, Md. 21202, 1977, 264 pages, \$24.50.*

This book was written by Hans Bankl of the Pathological Anatomy Institute of the University of Vienna, Austria. The first 34 pages review the embryology of the heart and discuss the various things that can go wrong, resulting in congenital abnormalities. The second part of the book, approximately 200 pages, will be of particular interest to most physicians.

Part II is based on 1,000 autopsies of congenital heart disease performed at the University of Vienna between 1950-1974. During this time congenital heart disease made up 1.9% of the total autopsies performed. This is higher than generally recognized clinically.

The various congenital anomalies are described in relative detail. A typical description includes the individual who first described the anomaly, the frequency and distribution of the anomaly, the embryology and pathologic anatomy, the hemodynamics, and the life expectancy and causes of death. All of the major congenital malformations are covered in adequate detail. Therefore, this book can be recommended to pediatricians or those doing pediatric cardiology and in particular to pathologists. The pathologist doing only an occasional autopsy involving congenital malformations of the heart could well use this book in classifying the anomaly.

ELTON HEATON, M.D.  
Pathologist  
Madison

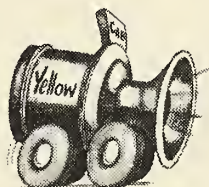


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# BOOK REVIEWS

## Nothing to Fear: Coping with Phobias

*Fraser Kent, Doubleday & Company, Inc., 245 Park Ave., New York, N.Y. 10017, 1977, 204 pages. \$7.95.*

Written for the general reading public, this book deals with a common, yet inscrutable psychological quirk—phobias. The fact that psychiatrists and psychologists find themselves unable to explain the basis for these irrational feelings has not deterred the author from delving into the many facets of the subject.

First, he describes the extent and nature of

phobias. (The appendix provides a useful glossary.) Then he makes various suggestions designed to loosen the bands of irrational feelings. While the book represents no panacea, it should certainly prove useful for the individual afflicted by a phobia. It is therefore recommended for reading by patients who are concerned about their phobias.

W. D. SNIVELY, JR., M.D.  
Internal Medicine  
Evansville

## Counseling Older Persons: Careers, Retirement, Dying

*Daniel Sinick, Ph.D., George Washington University, 1977, Human Sciences Press, 72 Fifth Ave., New York, N.Y. 10011, 93 pages plus appendix and bibliography, cloth, \$6.95.*

This small book is fourth in a series of nine: "New Vistas in Counseling," edited by Garry Walz and Libby Benjamin. There is a two-page foreword by the editors, who state that the "increasing percentage of older persons in the population has led to a greater awareness of their counseling needs" (by which I presume they mean their need for counseling) and that "counseling can provide a much needed service in helping them choose second careers, plan for retirement, and prepare for death."

Mention is made of the "ERIC Counseling and Personnel Services Information Center" but nowhere in the book can I find the meaning of "ERIC."

In the book proper, Daniel Sinick does a very good job of considering the subjects of career counseling, retirement counseling, and the composite "dying and death." Much of the material in the various chapters seems elementary to one with medical education and experience, so that it reads a good deal like a primer (except for occasional esoteric words and phrases, such as "self-actualizing activities"). However, the summary at the end of each chapter is clear and concise, and shows insight into the nature of the problem. For instance, from summary of Chapter 3: "Retirement is a time for which people are reluctant to prepare." From Chapter 4: "Counselors can assist dying persons and their families—the latter before and after death—with regard to

attitudinal and other adjustments." From Chapter 5: "Programmatic trends indicating progress are out-numbered by unresolved issues regarding retirement, employment, and where people live and die."

A valuable table from a study by the U.S. Department of Labor, 1971 (a), entitled "Myths and Facts Regarding Older Workers," is quoted on pp. 33-34 and really should be available to anyone involved in advising older people about employment and, when necessary, in dealing with a possible employer. (U.S. Dept. of Labor: *Back to Work After Retirement*. Washington, D.C.: Supt. of Documents, U.S. Govt. Printing Office 1971 (a).)

The very existence of a book of this type and of the professional counselor is itself a commentary upon the great change in our society in the past two generations in the structure and functioning of the family. The modern rootless rallying-stone product of the "nuclear" family has so few family and clan ties to provide continuing orientation that he must lean on strangers, albeit "professionals," for help in life's navigation.

For selected patients among the middle-aged to elderly, the family physician might very well prescribe this book, which could itself act as a counselor to the discerning who need help in obtaining an objective view of themselves. The chapter on suicide should be read by anyone in whose family the physician suspects a member of having ideas of self-destruction.

A. W. CAVINS, M.D.  
Gynecologist  
Terre Haute

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# BOOK REVIEWS

## How to Form Your Own Professional Corporation

*Ted Nicholas, Enterprise Publishing Company, Wilmington, Delaware, 1977, 160 pages, \$19.95.*

Prior to reading this book, I felt a physician might very well incorporate his practice simply by copying corporate papers of a colleague, filing, and then fulfilling the simple legal and tax requirements for professional incorporation.

And now, having read the book, I don't feel a physician should self-incorporate.

The difficulty is not to do it, but deciding whether to do it—and deciding takes all the personal counseling a physician can obtain.

This book moves successively through chapters discussing the definition of a professional corporation, trends toward professional incorporation, advantages, disadvantages, several aspects of professional corporation, personal preferences, and planning, implementing and forming a professional corporation. Appendices

list corporate statutes by state, addresses to write for official forms and samples of various legal forms or documents, and a glossary and a bibliography.

But the real decisions are listed on the dust cover jacket: Whether to incorporate; if so, do it by self, lawyer, or Registered Agent. Sure enough, the author has a corporate Registered Agent which one may hire.

You may wish to purchase this book to develop vocabulary or ideas. In my opinion, you will need to seek local, personal counselors to help you decide whether incorporation will meet your expectations. From that point on the decisions are easier.

This hard-back book has tear out pages, should you wish to remove some of the sample documents.

ALVIN J. HALEY, M.D.  
Family Practitioner  
Fort Wayne

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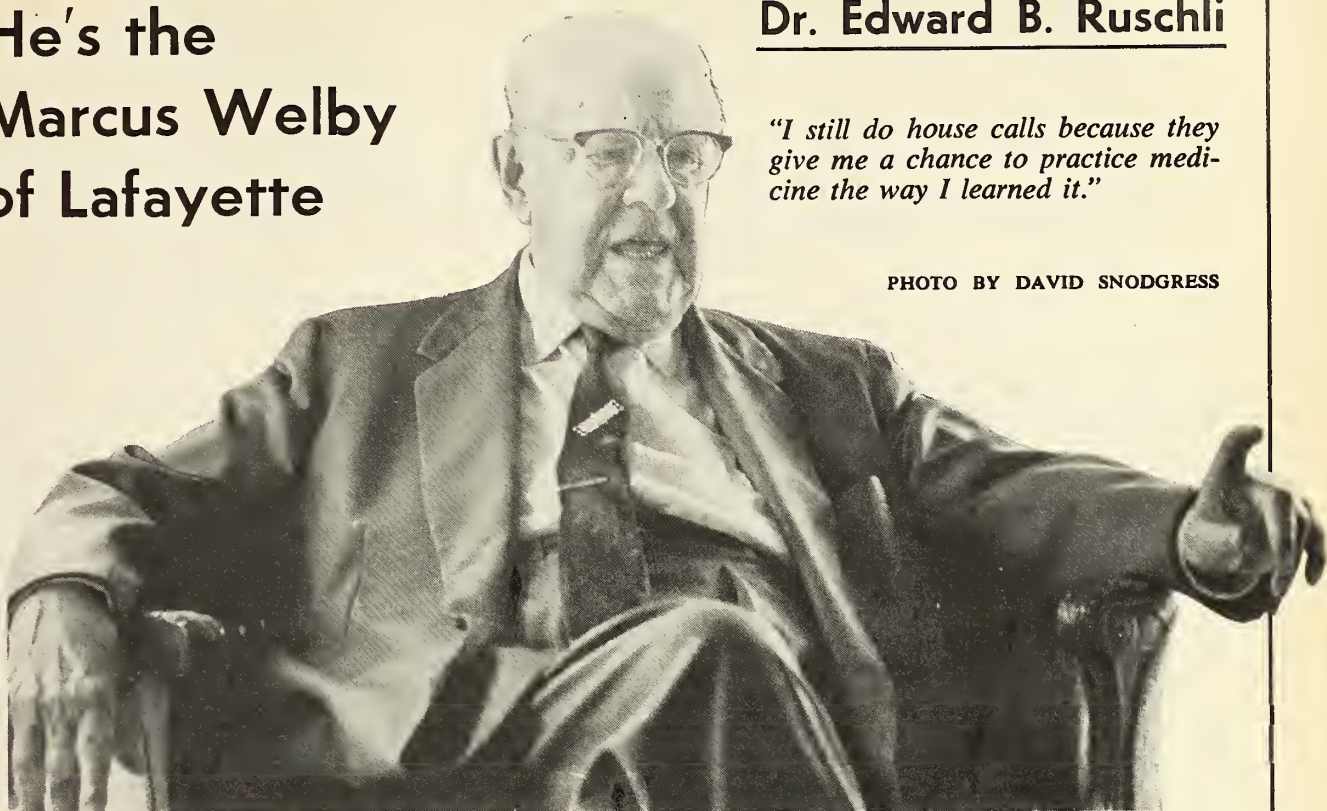
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# He's the Marcus Welby of Lafayette

**Dr. Edward B. Ruschli**

*"I still do house calls because they give me a chance to practice medicine the way I learned it."*

PHOTO BY DAVID SNODGRESS



**H**e's good, but Marcus Welby doesn't have a thing on Lafayette's venerable Edward B. Ruschli.

Dr. Ruschli, at 94, is a senior member of the Indiana State Medical Association who may be the oldest practicing physician in the state, and one of the few left who still makes house calls.

The people of Lafayette have had him in their service since Jan. 1, 1909, when he started as an intern at St. Elizabeth Hospital.

In those days at St. Elizabeth, Dr. Ruschli was one of three hospital interns. Those were hectic days. "We did everything from cutting hair to shining shoes," he says.

But after 67 years, two of those years as hospital chief of staff, Dr. Ruschli left his private practice in the Lafayette Life Building in 1976 to devote his time to house calls.

"I still do house calls," he says, "because they give me a chance to practice medicine the way I learned it." He is a 1906 graduate of the New York University School of Medicine and a member of the American College of Surgeons.

His visits take him as far as 20 miles from Lafayette. He works three to five days a week, administering mostly to nursing home residents,

who are his "favorite patients."

"I like them all," Dr. Ruschli declares, "but I enjoy older adults more. I have very little contact with young people and babies anymore."

But he was once in very close contact with babies. He delivered the first baby ever born at St. Elizabeth Hospital.

"I delivered the baby quite by accident," he recalls. "I came to the hospital to see another patient, and the sister in charge said there was a lady making strange noises. I looked at her and told the nurse that this woman would be having a baby in 20 to 30 minutes."

And she did, too. "It was so fast, I don't even know who the mother was," he says.

His involvement with newborns didn't stop at that chance delivery. During his career he estimates that he delivered at least 100 babies every year. One was Lafayette's mayor, James Riehle.

And today he is caring for some of those "grown-up kids."

Dr. Ruschli, who came to Lafayette when it was a railroad center and St. Elizabeth Hospital was a 30-bed clinic, says he wouldn't change a thing.

"Medicine is my life. I will do it as long as I breathe. My key to life is to keep the mind occupied." Philosophically, Dr. Ruschli adds, "Life is prolonged on a basis of educating your mind to your profession."

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# PHYSICIANS' DIRECTORY

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Offices for the doctors listed below are located at 3130 N. Meridian St., Indianapolis 46208; telephone numbers are listed in the new telephone directory. The switchboard number is 317-927-1221.

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UROLOGIST, FMG, board certified, university trained, flex, seeks solo or group practice. Available July 1978. P. Satpathy, M.D., 6517 Landover Road, #102, Cheverly, Md. 20785. (202) 745-1315 or (301) 773-0380.

OPPORTUNITIES FOR PHYSICIANS—There are several excellent openings among the Indiana State Hospitals at various locations throughout the State for psychiatrists and physicians of other specialties, at most experience levels. A newly-revised salary schedule offers a very competitive income plus a generous package of fringe benefits. An adjunct practice is possible beyond the regular working hours and on-call responsibilities. Candidates must be licensable in Indiana. Please reply with a copy of the c.v. to: FARABEE & ASSOCIATES, INC., P.O. Box 472, Murray, KY 42071 or call (collect) (502) 753-9772. Farabee is retained by the Indiana Department of Mental Health.

BOOKS WANTED—History of Medicine in Indiana, by Dr. B. D. Myers, published 1956; William Henry Wishard, A Doctor of the Old School, by Elizabeth Wishard. Write THE JOURNAL.

WEEKDAY EMERGENCY DEPARTMENT ASSOCIATE—Chicago and Indianapolis areas. Ideal schedule, Monday through Friday, paid malpractice insurance, \$41,000-\$52,000 annual compensation. Send curriculum vitae to T. P. Cooper, M.D., 970 Executive Parkway, St. Louis, Mo. 63141, or call toll free 1-800-325-3982, Ext. 220.

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## Licensing Fee Due July 1

The biennial registration fee for all licensed physicians in the State of Indiana is due in the office of the Medical Licensing Board of Indiana July 1, 1978. The fee for two years registration is \$40. and is payable by check or money order.

The Medical Licensing Board of Indiana will be mailing renewal notices to each physician June

1. Please be sure that you have notified the Board of your current address so that you will receive the notice. If no notice is received the physician should contact the Medical Licensing Board, as it is the physician's responsibility to pay the registration fee regardless of whether or not the notice is received.

# OBITUARIES

## Virgil Scheurich, M.D.

Dr. Virgil Scheurich, 70, a retired Oxford physician, died Dec. 25 at Home Hospital in Lafayette.

Dr. Scheurich had practiced in Oxford from 1933 until his retirement in 1970. The 1931 graduate of the Indiana University School of Medicine was an honorary staff member of St. Elizabeth Hospital and Medical Center, and Home Hospital.

In 1972 Dr. Scheurich was presented the Sagamore of the Wabash award by former Indiana Governor Edgar Whitcomb.

## Alexander W. Rhind, M.D.

Dr. Alexander W. Rhind, 79, died Jan. 2 at St. Margaret Hospital in Hammond, where he had practiced 47 years.

Dr. Rhind was on the honorary staff of directors at the hospital. The 1928 graduate of Northwestern University became a senior member of the Indiana State Medical Association in 1969.

The World War I veteran had been a member of the American Academy of Family Physicians.

## Harold C. Thornton, M.D.

Dr. Harold C. Thornton, 75, chief pathologist at St. Francis Hospital Center, Indianapolis, died Jan. 16 in Methodist Hospital.

Dr. Thornton, a senior member of the Indiana State Medical Association, was a 1926 graduate of Emory University Medical School and had trained at the Mayo Clinic.

An Indianapolis resident 45 years, he had served as chief pathologist at Indianapolis City Hospital (now Wishard) from 1932-44 before joining St. Vincent in the same capacity. He moved to St. Francis in 1950.

Dr. Thornton was a founding fellow of the College of American Pathologists. He was a member of the American Society of Clinical Pathologists, the International Academy of Pathologists and the Indiana Association of Pathologists.

## John R. Swan, M.D.

Dr. John R. Swan, 71, a retired Indianapolis otolaryngologist, died Dec. 4 in Methodist Hospital.

Dr. Swan, a native of Cambridge, Ohio, had lived in Indianapolis 44 years. He was a 1933 graduate of Ohio State University Medical School.

He served his residency at what is now Wishard Memorial Hospital, Indianapolis, and at Indiana University School of Medicine. He had been on the staffs of Wishard and I.U. hospitals, as well as the St. Francis Hospital Center. He was a member of the Academy of Ophthalmology and Otolaryngology.

## Robert K. Webster, M.D.

Dr. Robert K. Webster, 73, a retired Brazil general practitioner, died Jan. 13 at Canterbury Convalescent Centre, Terre Haute.

Dr. Webster, a 1934 graduate of Indiana University School of Medicine, had practiced in Brazil from 1935 until he retired in the mid-Sixties. He had been a member of the American Academy of General Practice.

Dr. Webster had served, alternately, as president, vice-president and secretary of the Clay County Medical Society. He was a former president and vice-president of the Indiana Fifth District Medical Association and had been a Clay County delegate to the Indiana State Medical Association.

## William R. Tindall, M.D.

Dr. William R. Tindall, 73, died Jan. 14 in Methodist Hospital, Indianapolis.

Dr. Tindall had been a Shelbyville family physician 45 years, having retired only last November. He was a 1932 graduate of the Indiana University School of Medicine.

During the 1930s, he served two terms as Shelby County coroner. During that same decade, he was chosen winner of the first Brown Derby Award, given annually to the most popular citizen of Shelby County. Dr. Tindall and his wife were joint winners of the 1975 Outstanding Citizen Award, presented by the Shelby County Chamber of Commerce.

A Navy World War II veteran, he had served as secretary of the W. S. Major Hospital board of directors for more than 30 years.

## Elmer L. Wallace, M.D.

Dr. Elmer L. Wallace, 53, died Jan. 1 at his home in New Albany.

The native of Lexington, Ky. had practiced in New Albany since 1955. From 1961-65 Dr. Wallace had served as Floyd County coroner.

The Navy veteran of World War II was a 1953 graduate of the University of Cincinnati College of Medicine. He was a member of the American Academy of General Practice.

## Charles C. DuBois, M.D.

Dr. Charles C. DuBois, 99, died Jan. 6 in Miller's Merry Manor Retirement Center, Warsaw.

Dr. DuBois began his practice in Warsaw in 1907 and retired in the mid-Fifties. He was a 1906 graduate of the Medical College of Ohio, Cincinnati.

The World War I veteran was a senior member of the Indiana State Medical Association and became a member of its 50-Year Club in 1956. Dr. DuBois had served as mayor of Warsaw from 1932-38. During World War II he served as medical examiner for the Selective Service board in Warsaw.

# THE INDIANA STATE MEDICAL ASSOCIATION

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## OFFICERS FOR 1977-78

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3—Thomas A. Neathamer, Jeffersonville	Oct. 1979
4—Howard C. Jackson, Madison	Oct. 1980
5—Cleon M. Schauwecker, Greencastle	Oct. 1978
6—*Davis W. Ellis, Rushville	Oct. 1979
7—Donald C. McCallum, Indianapolis	Oct. 1980
7—John G. Pantzer, Indianapolis	Oct. 1978
8—Jack M. Walker, Muncie	Oct. 1978
9—John A. Knote, Lafayette	Oct. 1979
10—Martin J. O'Neill, Valparaiso	Oct. 1980
11—Herbert C. Khalouf, Marion	Oct. 1978
12—Alvin J. Haley, Fort Wayne	Oct. 1979
13—Donald S. Chamberlain, South Bend	Oct. 1980

\*Glen Ward Lee, M.D., deceased

## ALTERNATES

District	Term Expires
1—E. DeVerre Gourieux, Evansville	Oct. 1979
2—Edgar R. Cantwell, Vincennes	Oct. 1980
3—Richard G. Huber, Bedford	Oct. 1980
4—Mark M. Bevers, Seymour	Oct. 1979
5—William G. Bannon, Terre Haute	Oct. 1979
7—I. E. Michael, Indianapolis	Oct. 1979
7—Gerald J. Kurlander, Indianapolis	Oct. 1979
8—Ted S. Doels, Middletown	Oct. 1979
9—Max N. Hoffman, Covington	Oct. 1980
10—Leonard W. Neal, Munster	Oct. 1978
11—Fred C. Poehler, La Fontaine	Oct. 1980
12—Franklin A. Bryan, Fort Wayne	Oct. 1980
13—John W. Luce, Michigan City	Oct. 1979

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Secretary—David J. Edwards, Indianapolis

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### Section on Emergency Medicine

Chairman—David Gettle, Indianapolis

Secretary—Carolyn Cunningham, Indianapolis

### Section on College Health Physicians

### Section on Neurological Surgery

## DELEGATES TO THE AMA

Terms expire December 31, 1978:

Delegates: James A. Harshman, Kokomo; Malcolm O. Scamahorn, Pittsboro; Ross L. Egger, Daleville.

Alternates: George T. Lukemeyer, Indianapolis; Everett E. Bickers, Floyds Knobs; Gilbert M. Wilhelmus, Evansville.

Terms expire December 31, 1979:

Delegates: Patrick J. V. Corcoran, Evansville; Peter R. Petrich, Attica.

Alternates: Thomas C. Tyrrell, Hammond; Marvin E. Priddy, Fort Wayne.

## 1977-1978 DISTRICT MEDICAL SOCIETY OFFICERS

District	President	Secretary	Place, Date of Meeting
1.	James A. Marvel, Evansville	Forrest F. Radcliff, Evansville	May 18, Evansville
2.	Hugh S. Ramsey, Bloomington	James P. Beck, Washington	May 25, Bloomington
3.	Marvin McClain, Scottsburg	Charles X. McCalla, Paoli	Oct. 7-8, Scottsburg
4.	Larry Williams, Madison	Ott B. McAtee, Madison	May 24, Madison
5.	J. Franklin Swaim, Rockville	Clyde Jett, Seelyville	May 3, Terre Haute
6.	O. Lynn Webb, New Castle	James M. Lorber, Shelbyville	May 10, Shelbyville
7.	William Stafford, Plainfield	M. O. Scamahorn, Pittsboro	June 14, Greenwood
8.	Lowell W. Painter, Winchester	Howard Koch, Winchester	June 7, Muncie
9.	Adrian Lanning, Noblesville	John A. Knote, Lafayette	June 8, Lafayette
10.	James R. Brown, Valparaiso	Barron M. F. Palmer, Hammond	
11.	Amando L. Baluyot, Peru	Fred Poehler, La Fontaine	Sept. 20, Peru
12.	Thomas A. Felger, Fort Wayne	R. Wyatt Weaver, Angola	Sept. 7, Fort Wayne
13.	David L. Spalding, Mishawaka	Michael G. Quinn, South Bend	Sept. 13, South Bend



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May 1978 • Vol. 71 • No. 5

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As with all anticholinergics, inhibition of lactation may occur.

**Precautions:** In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established.

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## WHAT'S NEW?

### IN BOOKS . . .

Dell Books has released a book entitled "Who Should Play God" by Jeremy Rifkin and Ted Howard. The book purports to be an account of a cloning which created a normal child from a single male cell. The baby is allegedly a normal 14-month-old boy. \$1.95.

\* \* \*

Dell Publishing's new book, "Child Health Encyclopedia," is being equated with Dr. Spock, the dictionary and "The Joy of Cooking." Written by the Boston Children's Medical Center and Richard I. Feinbloom, M.D., this guidebook for parents is recommended for every home library.

\* \* \*

Doubleday has announced a new psychiatry-oriented book by Dr. Thomas Szasz, author of "The Myth of Mental Illness." His latest is "The Myth of Psychotherapy." Dr. Szasz is described as one of the most dynamic and controversial psychiatrists of our time. His views on psychotherapy are unusual and interesting. 237 pages, \$8.95.

\* \* \*

Anchor Press (Doubleday & Company, Inc.) has just released "The Adoption Triangle," written by Arthur Sorosky, M.D., and two co-authors, all associated with the Adoption Research Project of Los Angeles. The 256-page book investigates the emotional triangle—the child, the birth parents and the adoptive parents. Some of the recommendations are that the original birth records should be open to adoptees and that boards should be formed to facilitate reunions on a voluntary basis. \$8.95.

\* \* \*

The Devin-Adair Company has released a book on creative aging. "Life's Second Half: The Pleasures of Aging" is written by Jerome Ellison, a Professor of Humanities who is former managing editor of Collier's and Liberty. The 192-page book is based on the Phenix Clubs and the solutions to problems of growing old. \$8.95.

\* \* \*

Anchor Press has released "Freedom in Meditation" by Patricia Carrington, Ph.D. Karl Menninger says it is "the best thing on meditation that I have seen." Dr. Carrington is a clinical psychologist at Princeton University. Meditation is discussed in relation to relief of stress and in related areas such as hypnosis and biofeedback. Now in paperback, 378 pages, \$3.50.

CONTINUED ON PAGE 456

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments and surgical appliances—and book publishers. Each item is published as news and does not necessarily constitute an endorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

# MEDICAL MUSEUM NOTES



CHARLES A. BONSETT, M.D., Indianapolis

Dr. George S. Porter of Richmond, Ind. has given the Museum his grandfather's set of matriculation cards

from the Indiana Medical College. This college, founded by Dr. John Bobbs, Dr. William B. Fletcher and others in 1869, merged with Indiana University School of Medicine early in this century.

Dr. George Porter's grandfather was Dr. John Rush Porter. He was born in 1848 and died in 1917. He lived and practiced in Lebanon, Ind.

Dr. John Rush Porter's matriculation cards are a rare treasure. If any other sets are in existence, their location is unknown. This set was brought to *The Journal* so that negatives could be acquired and copies published. This month's page of Notes features Dr. John Rush Porter, the Indiana Medical College, and examples of Dr. Porter's matriculation cards.

The Medical History Committee is

very grateful to Dr. George S. Porter for this generous donation to the Museum.



Indiana Medical College.

LECTURES ON

Medical and Surgical Diseases of Women,  
AND DISEASES OF CHILDREN,

BY  
THOMAS B. HARVEY, M. D.

Session 1872-3

ADMIT

Indiana Medical College.

Session 1872-3

MATRICULATION TICKET.

Admit

Indianapolis, Ind.,

Oct 17<sup>th</sup> 187

Treasurer.

Indiana Medical College

SESSION OF 1872-73.

Principles and Practice of Me

J. R. Porter  
B. N. Loe

INDIANA MEDICAL COLLEGE

SESSION 1872-73.

LECTURES ON ANAT

L. D. WATERMAN, M. D.

J. R. Porter  
L. D. W.

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### ABOUT THE COVER

Dr. H. Charles Smith won a cash merit award in the most recent annual amateur Kodak International Newspaper Snapshot competition with this photo of his son Jeff in a wheat field near their home in Bluffton.



### EDITORIAL AND ADVERTISING INFORMATION

All articles must be typewritten, double-spaced with margins of one inch.

Photographs should be printed on glossy paper. Negatives cannot be used.

Illustrations are desirable. Selection of illustrations submitted at discretion of editor and editorial board members.

Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible.

Articles are accepted for publication with the understanding that they are submitted for exclusive publication.

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# "WHEN YOU TEST-DRIVE THE AUDI 5000, SAVE IT FOR A RAINY DAY."

AN INTERVIEW WITH DR. FRANZ BEHLES, ASSISTANT AUDI PROJECT DIRECTOR



**Why on  
a rainy day?**

Behles: In bad conditions, this car shows how good a car can really be. In good weather, nearly every car is good. But in rain, ice, snow or a strong crosswind, it's a different story. That's the time to try the Audi 5000. If you've never driven a front-

wheel drive car on a slippery road, you're in for a surprise. The engine over the drive wheels gives excellent traction on rain, ice or snow.

**Does everything  
depend on front-  
wheel drive?**

Behles: No. But front-wheel drive provides so many advantages that even in the U.S. engineers are using it in their "cars of the future." It's amusing to us since our company has been using this system for over forty years.

**You sound very  
proud of this  
car. What are you  
proudest of?**

Behles: Our 5-cylinder gasoline engine; it's a first. We have achieved the best of both worlds: efficiency like a 4 and smoothness like a 6. And without excess noise or bulk.

**You mentioned  
U.S. engineers.  
Would you hire a  
Detroit engineer?**

Behles: Yes, for some things; electronics for example. Cruise control borrowed from America. But we have it, as standard equipment. Also, we admired American air-conditioning; we developed ours based on one of their best systems. We can always learn from others, but I think our philosophies are different.

**Different  
philosophies?**

Behles: Yes. Many Americans feel that for a car to hold the road well and be comfortable, it has to be heavy. We feel that weight is wasteful. We can achieve the same degree of road holding, comfort and safety through advanced engineering.

**If you could  
start over again,  
would you  
do anything  
different?**

Behles: I don't know what. There would be no sense in making it bigger. The interior and trunk are big enough. It is already the biggest German car you can buy for the money, (about \$8,500\*). More power? The 5-cylinder engine gives you more power than you need.

\*Suggested 1978 retail price \$8450, P.O.E., transp., local taxes, and dealer delivery charges, additional

**See your nearby Audi dealer.**

# EDITORIALS

## Clinical Notes

"Clinical Notes" pertaining to the specialty of dermatology appeared in the March issue of THE JOURNAL to introduce a new feature for the continuing education of specialists and general clinicians.

Dr. Jere D. Guin's contribution of the first of this series was made with the realization that each of the specialties and sub-specialties contain and continue to acquire items of information which are of practical interest to the other specialists.

THE JOURNAL is prepared to continue this feature and invites submission of short clinical notes from its readers.

Each clinical note should be short but long enough to carry the message. One or two references are desirable. Appropriate illustrations are encouraged. Each edition of "Clinical Notes" may occupy one column or an entire page.

## Editorial Notes . . .

Morse/Associates has published two diet aids—pocket-sized slide charts that provide quick answers to dietary questions. One is called "Diet Guide" and helps control calories, cholesterol and sodium; the other is "Weight Control by Happy Eating." The latter translates menus in 10 languages.

The Pharmaceutical Manufacturers Association reports that 17 new chemical entity drugs were approved for marketing in the U.S. in 1977, compared to 16 in 1976. U.S. pharmaceutical manufacturers spent an estimated \$1.3 billion in research and development in 1977—about 82% for the development of new products and about 18% for significant improvement and modification of existing drug products. More than 99% of this expenditure was funded by the industry itself.

The 31st National Conference on Rural Health last month paid special attention to the proper handling of medical problems peculiar to non-urban practices, either for economic reasons or by reason of the different mix of clinical conditions in rural experience. Farmers have more accidents than do city dwellers, and rural areas have relatively higher rates of poverty—to mention two examples. Conferees also studied the effect and usefulness of Health Systems Agencies and the Health Planning Act on rural medical services.

The Court of Customs and Patent Appeals has granted General Electric a patent for an oil-consuming bacterium. This is the first patent for an organism created by recombinant DNA techniques. The judge recognized the two sources of living matter—nature and man—and ruled that the new organism was a manufacture by man and as such fell within the language of the patent laws.

The Pharmaceutical Manufacturers Association reports that the proportion of research and development funds spent outside the U.S. by PMA companies is rising slowly but steadily. From 15% in 1975 to 15.6% in 1976, and up to 16.3% in 1977. The 1977 R&D total for domestic and foreign expenses was nearly \$1.3 billion.

Three of four bicycle accidents are caused by carelessness of the rider, and half of all bicycle accidents involve youngsters between the ages of 5 and 14. The American Academy of Pediatrics recommends active efforts to train children in safe bicycling—using bike paths, proper lighting at night, flags in the daytime. Material describing bicycle training courses is available from the National Safety Council, 444 N. Michigan Ave., Chicago 60611.

CONTINUED ON PAGE 440

## The JOURNAL of the INDIANA STATE MEDICAL ASSOCIATION

*Devoted to the interests of the medical profession of Indiana*

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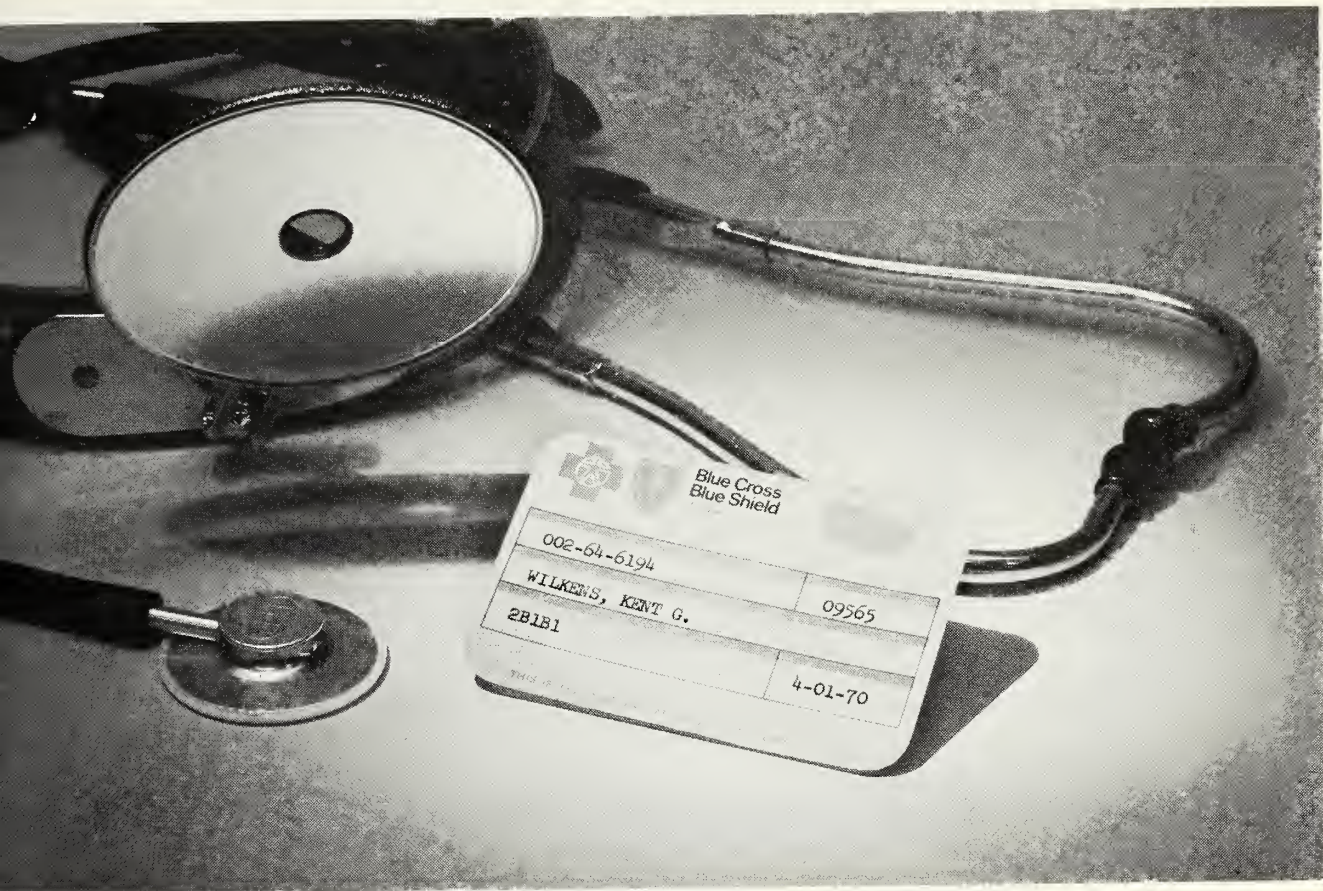
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# EDITORIALS

CONTINUED FROM PAGE 438

FDA Commissioner Donald Kennedy said at a Senate hearing last fall: "We find no evidence of widespread differences between products of large and small firms, or between brand name and generic name products. Look at the record." So the Pharmaceutical Manufacturers Association looked at the record. Result: PMA firms produce about 90% of the drugs and had only 27% of the drug recalls last year and 11% of the drug seizures. This leaves the non-PMA firms, which are mostly smaller and usually produce generic forms, with 10% of the drug output and 73% of the recalls and 89% of the seizures. That's the record.

The Medic Alert Foundation recently celebrated the first National Medic Alert Week. The million-member Foundation has documented more than 2,000 cases in which lives were saved in 1977 because of the Medic Alert emblem. All persons with hidden medical conditions such as diabetes or serious allergic conditions are urged to obtain and wear an identifying bracelet.

Notre Dame's Lobund Laboratory has demonstrated that barbiturates accelerate the growth and spread of tumors, at least on aged germ-free rats. Chloroform and halothane also accelerated tumor spread. Retardation was observed with cyclophosphamide, aspirin, indomethacin and *Corynebacterium parvum*, an immunostimulant. The results reportedly indicate that the agents studied influenced the host defense mechanisms.

Dental authorities and the Academy of Pediatrics are advising against continuing to feed children, after the age of one year, by means of nursing bottles containing fruit juices or milk. Prolonged bottle feeding and using the bottle as a pacifier both promote dental caries. Drinking from a cup should be encouraged as children approach the first birthday.

Chemists at SRI International, formerly Stanford Research Institute, are modifying adriamycin for the purpose of modifying or eliminating the toxic side effects. Production of analogs of adriamycin and its related compounds may provide information as to which parts of the adriamycin molecule have anticancer effects and which parts are toxic. Some of the modifications already achieved have demonstrated good results in test animals.

## Guest Editorial

GEORGE T. LUKEMEYER, M.D.  
President  
Marion County Medical Society

### The Bitter Fruits of a Coal Strike

Office lights are dimmed and room temperatures reduced to a level just bordering on being uncomfortably cool. The prolonged strike of the United Mine Workers has resulted in a dangerous depletion of coal reserves. The electrical energy crisis is real and worsening. Rationing of electrical energy is a very real possibility if the electric utilities' coal reserves are not replenished.

During this record-long, nationwide coal miners' strike, we have been made aware of acts of violence against persons and property. These union and strike inspired criminal acts have been perpetrated in full view of law officials and we are told the guilty have neither been arrested nor brought to trial. Why is this? I am filled with consternation and disgust.

President Carter has invoked the Taft-Hartley law and federal marshals are now serving union officials with back to work injunctions. Indications are strong that the miners will ignore the injunctions and there are ominous signs regarding the likelihood of more violence. Will the U.M.W. membership be allowed to arrogantly disregard federal injunctions? If there are U.M.W. or strike-induced attacks on people or destruction of property, will the U.M.W. enjoy continued immunity from the legal consequences of their actions?

### And of HR 2222?

HR 2222, a bill of Rep. Frank Thompson, Jr. (D-N.J.), defines housestaff as employees, in the industrial model, for the purposes of the National Labor Relations Act. The American Medical Association endorses HR 2222 while the Association of American Medical Colleges opposes it. Our noble profession's future resides with the young physicians and, in my opinion, we do the profession a disservice if we support the position that residents are employees in the same context as labor union tradesmen.

CONTINUED ON PAGE 462

Reprinted courtesy of The Marion County Medical Society Bulletin, April 1978.

# COMPATIBILITY



## Does it influence your choice of a peripheral/cerebral vasodilator\*?

- Vasodilan—compatible with coexisting diseases
- Vasodilan—compatible with concomitant therapy
- Vasodilan—compatible with your total regimen for vascular insufficiency

**\*Indications:** Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangitis obliterans (Buerger's Disease) and Raynaud's disease

Final classification of the less-than-effective indications requires further investigation.

**Composition:** Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg. Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

**Dosage and Administration:** Oral: 10 to 20 mg., three or four times daily. Intramuscular: 5 to 10 mg. (1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

**Contraindications and Cautions:** There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

**Adverse Reactions:** On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted. Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

**Supplied:** Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

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# VASODILAN<sup>®</sup>

(ISOXSUPRINE HCl)  
20-mg tablets

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**This asthmatic  
isn't worried about his**



# next breath...

**he's active  
he's effectively  
maintained on**

# QUIBRON<sup>®</sup>

Each capsule or tablespoonful (15 ml) elixir contains theophylline (anhydrous) 150 mg and glyceryl guaiacolate (guaifenesin) 90 mg. Elixir: alcohol 15%

## high theophylline for effective around-the-clock therapy

Quibron may give the asthmatic up to eight hours of bronchodilation with each dose and provides the high dosages of theophylline which are now believed necessary to keep patients free of acute attacks and chronic wheezing.

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Quibron helps achieve high serum theophylline levels with minimal dosage volume...delivers 100% free theophylline in comparison to many other compounds which contain from 47% to 91% effective theophylline.

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Today's more efficient usage of theophylline includes individualizing dosage and monitoring serum theophylline levels. The usual recommended dosages of Quibron are: Adults—1 to 2 capsules or tablespoonfuls every 6 to 8 hours; dosage may be cautiously adjusted upward when necessary to a maximum of 2000 mg theophylline per 24 hours. Children under 12—4 to 6 mg theophylline per kg/body weight every 6 to 8 hours; dosage may be cautiously adjusted up to 9 or 10 mg/kg every 6 hours.

Now, for the asthmatic  
who requires  
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therapy for therapeutic  
serum concentrations

Mead Johnson  
Pharmaceutical Division  
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## QUIBRON<sup>®</sup>-300

Each capsule contains 300 mg theophylline (anhydrous) and 180 mg glyceryl guaiacolate (guaifenesin)

For Brief Summary,  
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The new high-dose theophylline capsule...  
for dependable theophylline therapy  
when products of lower dosage do not  
adequately control asthma symptoms.

## Specially formulated

### ...for optimal efficacy

Quibron-300 is appropriate therapy for asthma patients whose symptoms are not adequately controlled on lower doses of theophylline, particularly for patients whose theophylline dosage has been adjusted upward to achieve therapeutic serum levels. In one study,<sup>1</sup> an average peak increase in FEV<sub>1</sub> of 35% was demonstrated after a single dose equivalent to one Quibron-300 capsule, and significant improvement in this pulmonary function lasted for nearly eight hours after administration.

### ...for optimal predictability

One Quibron-300 capsule q6-8h yields therapeutic serum levels (10-20 mcg/ml) in many adults. With a single dose, more than 75% of patients achieved serum levels potentially providing clinical benefit (5-15 mcg/ml). Half-life of theophylline varies widely from patient to patient, making monitoring of theophylline therapy important. Patient response may be monitored clinically if blood levels are not available as long as dosage does not exceed 1200 mg in 24 hours for adults.

### ...for optimal dosage convenience

The simple, convenient dosage of new Quibron-300—one capsule every six to eight hours—makes it easy for patients to comply with high-dose regimens often required to achieve therapeutic serum levels. Quibron-300 capsules may provide maximum therapeutic value with maximum convenience. In fact, the switch from a low-dose to a high-dose regimen may be accomplished by merely switching capsules, by stepping up to Quibron-300 capsules.

### ...for minimal theophylline side effects

Adverse reactions to theophylline are related to serum levels and are usually not a problem at concentrations below 20 mcg/ml. Of 45 patients studied<sup>1</sup> after a single dose, only seven reported adverse reactions. The most common reaction was a feeling of lightheadedness by three of these seven patients.

Reference 1 Data on file, Mead Johnson Pharmaceutical Division.

**Indications:** For the symptomatic treatment of bronchospastic conditions such as bronchial asthma, asthmatic bronchitis, chronic bronchitis, and pulmonary emphysema.

**Dosage: Quibron**—Adults: 1-2 capsules or 1-2 tablespoonfuls elixir every 6-8 hours. Children under 12: 4-6 mg theophylline/kg body weight every 6-8 hours.

**Quibron-300**—Adults: 1 capsule every 6-8 hours.

Theophylline dosage may be cautiously increased to 2000 mg/24 hour in adults and 9 or 10 mg/kg every 6 hours in children. Monitoring of serum theophylline levels at higher dosages is recommended.

**Precautions:** Do not administer more frequently than every 6 hours, or within 12 hours after rectal dose of any preparation containing thea-

phylline or ominophylline. Do not give other xanthine derivatives concurrently. Use in case of pregnancy only when clearly needed.

**Adverse Reactions:** Theophylline may exert some stimulating effect on the central nervous system. Its administration may cause local irritation of the gastric mucosa, with possible gastric discomfort, nausea, and vomiting. The frequency of adverse reactions is related to the serum theophylline level and is not usually a problem at serum theophylline levels below 20 µg/ml.

**How Supplied:** Quibron Elixir: Bottles of 1 pint and 1 gallon. Quibron Capsules: Bottles of 100 and 1000 and unit-dose packs of 100. Quibron-300 Capsules: Bottles of 100.

## Letter to the Editor

# Free Us From This Bondage!

WALLACE A. SCEA, M.D.  
Elwood

An open letter to the President of the United States and members of Congress:

How would any one of you (or all of you) like to endear yourself (or yourselves) to your fellow Americans and go down in history as truly great? The American people are in grave danger of enslavement by inflation, taxation and dependence on Arab oil. Many people have told me that it is "too late" to expect any action to free us from this bondage. Is it really "too late?" I hate the philosophy of "defeatism"—do you?

Why don't you set an example for us to follow and show us the way out of this wilderness. If you are not going to act as our servants, try being our LEADERS! On the premise that inflation, which is primarily caused by excessive government spending, is our Public Enemy No. 1, these are my suggestions:

1. Why don't all of you take a substantial cut in salary? President Carter, possibly you could skimp along on \$150,000.00 a year instead of your \$200,000.00. You Congressmen might try meeting your obligations with a mere \$50,000.00. Then, if you needed more money for a new car, a new home or money to send your children to college, you could borrow money and pay the same high interest rates that we have to pay.

2. Why don't you pay for your own postage on all communications to the people back home at the same rate we have to pay to write you, instead of using your \$100,000.00 a year postal allowance?

3. Why don't you Congressmen reduce your many junkets at home and abroad to only fact-finding missions with one member of each party making the trip and reporting back to the rest of you? This would show us you trusted each other. (Recently, it has been documented that nearly 50 of our 100 Senators have been to Panama—at our expense, naturally.)

4. Why don't you place yourselves and all other government workers under Social Security—maybe even give yourselves the thrill of having some of your income withheld by your employer—us! In this way you could have the satisfaction of contributing to your own future financial security.

By doing this you would certainly make the rest of us back home more convinced you were representing us. This action could even help insure the solvency of such a noble plan whose very foundations have been weakened by the termite known as INFLATION.

5. Why don't you, our leaders in Congress, bravely defy all pressure groups and "big spenders" and try to help us, as a Nation, live "within our means?" You promised us to try to do this when you were elected. Many times, in the past, you Congressmen have felt requests for funds by our President, as exorbitant as they might have been, were not for enough money, so you legislated MORE. Are you leading us down the path of national bankruptcy with your fiscal irresponsibility?

6. Why don't you help us return to a free economy and enterprise system in which prices were fixed by competition rather than by legislation? This would be an economy in which healthy men and women were paid for working rather than for not working. This would be an economy in which farmers and workers would be paid for what they produce rather than for not working and for not producing.

7. If we must subsidize something why not encourage, at any cost, a blitz on finding or developing new sources of cheap, efficient and safe energy from the atom, the sun, the sea, farm produce, animal wastes, underground heat, etc. Then we would become independent of foreign oil.

8. Why don't you do away with the withholding tax? This would make every American wage-earner conscious of how much of our money YOU really are spending.

Adopting these eight suggestions would overshadow the Watergate, the Mr. Park, the U.S. Attorney Marston incidents and aid tremendously in "restoring honesty to our government." If adopted, the "credibility gap" which many of you still worry about would be markedly narrowed.

Please don't tell me "It's too late" and that nothing can be done about it. I love my country. Help deliver us out of this bondage by leadership and example. We are counting on you.

## "Doctor, is that you?"

### From The Journal 50 Years Ago

WHILE the general physician has been able to avoid night work by charging double for services rendered during the night hours, yet he still encounters many annoying incidents. One physician enjoying an enormous practice and needing his night rest was awakened about two a. m. by a telephone call from a woman who said, "Doctor, I just wanted to find out whether you would be in your office tomorrow forenoon or not." Another woman who probably suffered from insomnia, called about three a. m. and asked her physician if she had understood him the day before concerning medicine that was to be taken three times per day. Still another woman, whose curiosity got the better of her, called a physician by telephone at three a. m., and asked whether the child born next door a few hours previously was a boy or girl. In this connection we are reminded of a story that we heard years ago concerning a doctor who on a stormy night was called eight miles in the country to a supposed emergency case and upon reaching the house a woman's voice from an upstairs window said, "Doctor, is that you?", and upon being informed that it was she said, "Mary is so much better that we will not need a doctor. I don't suppose you'll charge for this visit, will you?"

RABIES is on the increase in Indiana. Doctor Rice's article in this number of THE JOURNAL is a graphic presentation of the subject. For the most part dogs are responsible for the spread of the infection, and usually it is a stray dog upon which no taxes are paid and no license fee has been exacted. The stray dog is not only worthless but a menace to the public as a carrier of rabies, and as a wild animal may inflict injury upon stock and mankind. The public must be impressed with the idea of the dangerousness of rabies and how it may be checked by the vaccination of dogs, and the treatment of humans who are infected.

THE governor of New York has received a letter from a "nut" who claims to have discovered the primary cause of insanity, cancer, poliomyelitis, tuberculosis and, in fact, all diseases, and he offers his discovery for \$150,000,000, to be paid in tax exempt, long maturity, United States liberty bonds! If the offer is not taken at once the price is subject to increase without notice. Up to the present time the governor of New York has not found the time nor the inclination to pay any attention to such a magnanimous offer.

JISMA, May 1928

## 1978 Membership Roster

The annual ISMA membership roster was published as a supplement to the March issue of THE JOURNAL. We will, however, hold with tradition by publishing our annual yearbook in June. ISMA subscribers received a copy of the roster automatically with their March issue and they will also receive the yearbook edition in June.

Additional copies of the roster are available. The price of single copies for ISMA members is \$5; for all others, the price is \$10. The yearbook edition will cost \$3. Send a check for the appropriate amount to THE JOURNAL, Indiana State Medical Association, 3935 N. Meridian St., Indianapolis 46208. Checks should be made payable to the Association.

### Roster Additions

The following full-dues-paying ISMA members were inadvertently omitted from the 1978 roster:

**Russell James Dukes, M.D.**, 619 W. 1st St., Bloomington 47401 (TS);

**Lourdes Lai Foo-Canto, M.D.**, Warrick Hospital, 1116 Millas Ave., Boonville 47601 (CD);

**Robert L. Lindsey, Jr., M.D.**, 2250 E. Pointe Road, La Salle's Woods #49, Bloomington 47401 (AN);

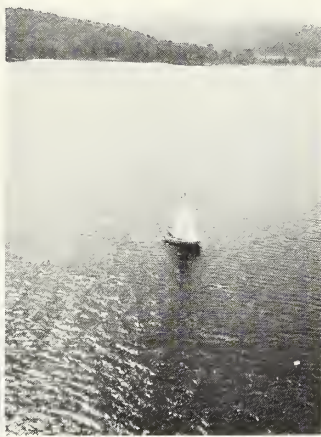
**Patrick J. McAleavey, M.D.**, 4167 N. Washington Ave., Indianapolis 46205 (AN);

**John E. Pless, M.D.**, 3516 Bradley, Bloomington 47401 (PTH).

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# The Pointe on Lake Monroe



# MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and airmailed to The Journal on the first of each month preceding month of issue.

Senator Edward M. Kennedy, organized labor's champion for its brand of national health insurance (NHI), is reported backing away from his original proposal for total federal domination of health care financing.

While President Carter plans to stick by his campaign promise to labor for an Administration-backed NHI proposal, it has become clear in all quarters that the Health Security Act—the organized labor and Kennedy sponsored plan—has no chance whatsoever of passage due to its price tag alone.

The significant strategy change is designed to boost chances for enactment of an NHI bill within the next few years and to hitch labor in tandem with the Carter Administration on the issue.

The Administration is expected soon to release a position paper staking out the type of NHI plan the President wants approved.

Labor made a strenuous effort earlier to get the Administration to support its Health Security Act, but the Administration balked, telling labor leaders such a plan was too expensive and could not win Congressional endorsement.

Fearing that NHI was in danger of collapsing altogether unless a united front could be formed on a single approach, labor leaders and Kennedy went to President Carter with the word they would end their years-long policy of insisting on an NHI plan calling for complete federalization of the financing.

Labor now says it will accept an NHI plan that provides a rule for private health insurance carriers, who would have been wiped out under the Health Security Act. Officials of the AFL-CIO and the United Automobile Workers accompanied Kennedy in notifying Carter of the policy reversal.

Whatever plan Carter endorses, it will need all the help it can get. Congress has been shaken by the uproar over increasing Social Security taxes and is reluctant to embark on any expensive new social program at this time due to the fiscal plight of the Treasury and the threat of double-digit inflation just around the corner.

The American Medical Association immediately branded a White House Wage-Price Stability Council report on soaring physician fees a "political hatchet job."

"The report is built on old data and faulty research," James H. Sammons, AMA executive vice-president, said.

The report said doctor bills are increasing half again as fast as the overall inflation rate and that the situation may get worse. It also accused the AMA of trying to limit the number of doctors in practice.

"We are incredulous that this unit of the executive branch of the government would publish a press release and summary report that is not substantiated in the body of the report itself," Dr. Sammons said.

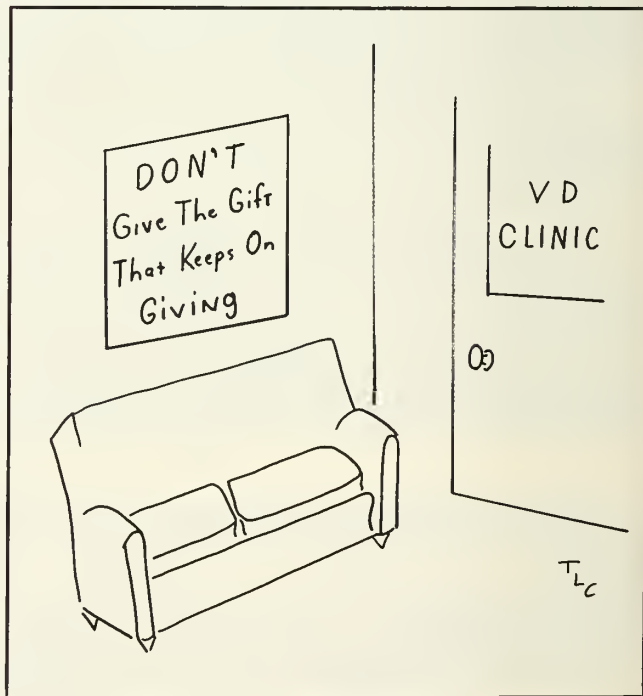
He said the AMA has actively worked to increase the number of medical schools and practicing physicians in this country. Almost 16,000 doctors are now graduated from U.S. medical schools each year, about double the number of five to seven years ago, Dr. Sammons said, adding that the charge is "just plainly ridiculous."

He said the data about physicians' income and fees in the report are incorrect.

The study said that two years ago the median income of physicians was \$63,000. The AMA, which yearly publishes statistical studies of medical practices, says the projected median for 1976 is \$54,000 and that the actual median, before taxes, for 1975 was \$50,337.

"That's not even close to the incredible figures being used" in the report, he said.

Sammons also criticized the report for the inadequate reporting of facts and statistical data, the inappropriate interpretation of historical information, the use of data to present only partial conclusions on changes in physicians' fees, and failing to recognize private initiatives that are working to restrain the rate of increase in overall health care costs.



|||||

"The AMA will address other issues in the report as they are analyzed by staff," Dr. Sammons said. "We have not, and will not, avoid the issue of physicians' fees. We have already joined with other segments of the private sector, including physicians, hospitals, and insurers, and have taken steps to seek answers to the overall health care cost question through studies done by the National Commission on the Cost of Medical Care and the 'Voluntary Effort' program."

The National Commission on the Cost of Medical Care was established as an independent body by the AMA in 1975 and recently issued a report and 48 recommendations for restraining health care costs. The Association will be responding to these recommendations during its 1978 Annual Convention in June.

**The Federal Trade Commission has charged that the nation's Blue Shield plans are dominated by physicians — "an arrangement that may reduce competition and raise prices artificially."**

FTC Chairman Michael Pertschuk told the Interstate and Foreign Commerce Committee's subcommittee on Oversight and Investigations that "it is difficult to see how the public interest can be served by such an apparent conflict of interest."

He said an ongoing FTC investigation has found that "most" of the 72 Blue Shield plans are controlled by local medical societies, other physicians' groups or "self-perpetuating physicians boards" set up to run the plans.

Subcommittee member Albert Gore, Jr., (D-Tenn.) said that many members of Blue Shield Boards of Directors "also serve on the boards of banks and lending institutions holding Blue Shield funds. These persons also have a direct interest in seeing that these financial institutions make a profit. I believe this practice is unconscionable and is an abuse of the health plans obligations to their customers," Gore said.

"It also poses an even more serious potential for abuse of the federal Medicare and Medicaid programs. Funding for these programs is distributed through Blue Shield organizations under contract with the federal government," the Tennessee representative said.

The FTC chairman said his agency is limited in the actions it can take against insurance firms and non-profit institutions. The FTC lobbied hard in the last session of Congress for expanded authority, but the proposal to give the agency powers against non-profit institutions did not clear the House Commerce Committee.

Mr. Pertschuk acknowledged the need for physician input into the management of Blue Shield plans but said, "There is the danger that even a small block of physicians could dominate a larger group of lay peo-

CONTINUED ON PAGE 453

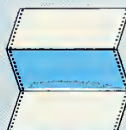
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---

Most infections can be treated with 500 mg. to 1 gram every 8 hours.

---

(See complete prescribing information in PDR or SK&F literature for full dosage instructions.)

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Infrequent phlebitis; no nephrotoxicity reported. Transient rises in BUN, SGOT, SGPT and alkaline phosphatase have been reported without clinical evidence of renal or hepatic impairment.

Before prescribing, see complete prescribing information in SK&F literature or PDR. The following is a brief summary.

**Indications:** Ancef® (sterile cefazolin sodium, SK&F) is indicated in the treatment of the following serious infections due to susceptible organisms.

**Respiratory tract infections** due to *Streptococcus (Diplococcus) pneumoniae*, *Klebsiella* species, *Hemophilus influenzae*, *Staphylococcus aureus* (penicillin-sensitive and penicillin-resistant), and group A beta-hemolytic streptococci.

Injectable benzathine penicillin is considered to be the drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever.

'Ancef' is effective in the eradication of streptococci from the nasopharynx; however, data establishing the efficacy of 'Ancef' in the subsequent prevention of rheumatic fever are not available at present.

**Genitourinary tract infections** due to *Escherichia coli*, *Proteus mirabilis*, *Klebsiella* species, and some strains of enterobacter and enterococci.

**Skin and soft-tissue infections** due to *S. aureus* (penicillin-sensitive and penicillin-resistant) and group A beta-hemolytic streptococci and other strains of streptococci.

**Bone and joint infections** due to *S. aureus*.

**Septicemia** due to *Str. pneumoniae*, *S. aureus* (penicillin-sensitive and penicillin-resistant), *P. mirabilis*, *E. coli*, and *Klebsiella* species.

**Endocarditis** due to *S. aureus* (penicillin-sensitive and penicillin-resistant) and group A beta-hemolytic streptococci.

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to 'Ancef'.

**Contraindications:** 'Ancef' is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

**Warnings:** BEFORE CEFAZOLIN THERAPY IS INSTITUTED, CAREFUL INQUIRY SHOULD BE MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO CEPHALOSPORINS AND PENICILLIN. CEPHALOSPORIN C DERIVATIVES

SHOULD BE GIVEN CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS.

SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE EPINEPHRINE AND OTHER EMERGENCY MEASURES.

There is some clinical and laboratory evidence of partial cross-allergenicity of the penicillins and the cephalosporins. Patients have been reported to have had severe reactions (including anaphylaxis) to both drugs.

Antibiotics, including 'Ancef', should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

**Usage in Pregnancy**—Safety of this product for use during pregnancy has not been established.

**Usage in Infants**—Safety for use in prematures and infants under one month of age has not been established.

**Precautions:** Prolonged use of 'Ancef' may result in the overgrowth of non-susceptible organisms. Careful clinical observation of the patient is essential.

When 'Ancef' is administered to adults or children with low urinary output because of impaired renal function, lower daily dosage is required (see dosage instructions in the package literature).

A false-positive reaction for glucose in the urine may occur with Clinitest® tablets; use glucose enzyme-type reagents.

**Adverse Reactions:** The following reactions have been reported: Drug fever, skin rash, vulvar pruritus, eosinophilia, neutropenia, leukopenia, thrombocytopenia, and positive direct and indirect Coombs tests have occurred. Transient rise in SGOT, SGPT, BUN, and alkaline phosphatase levels has been observed without clinical evidence of renal or hepatic impairment. Nausea, anorexia, vomiting, diarrhea, and oral candidiasis (oral thrush) have been reported. Pain at the site of injection after intramuscular administration has occurred, some with induration. Phlebitis at the site of injection has been noted. Other reactions have included genital and anal pruritus, genital moniliasis, and vaginitis.

**Administration and Dosage:** 'Ancef' may be administered intramuscularly or intravenously after reconstitution. See the package literature for reconstitution procedures.

See the package literature for dosage recommendations.

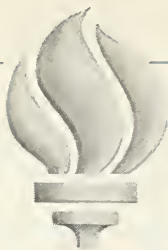
**How Supplied:** 'Ancef' (sterile cefazolin sodium, SK&F)—supplied in vials equivalent to 250 mg., 500 mg. or 1 gram of cefazolin; in "Piggyback" Vials for intravenous admixture equivalent to 500 mg. or 1 gram of cefazolin; and in Pharmacy Bulk Vials equivalent to 5 grams or 10 grams of cefazolin.

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# MONTH IN WASHINGTON

CONTINUED FROM PAGE 449

ple. And in light of the fact that commercial health insurers are able to provide medical coverage without physician directors, it is not obvious that any physician participation in decision-making functions—as opposed to advisory functions—is necessary at all."

More than a thousand businessmen and labor leaders attended a HEW sponsored pep rally on HMOs in Washington and returned home convinced that prepaid group medical practice was the "medicine of tomorrow" if the Administration could so shape it that way.

The conference was called by the Carter Administration in a frank effort to bally-hoo HMOs and spur business and labor to establish them. Death knells weren't sounded for fee-for-service and third party insurance, but most of the speakers agreed that prepaid group care promises to become the medical service used by most Americans.

However, the speakers also agreed that it will be a hard task to sell the public on HMOs because, by and large, people are satisfied with the medical care they receive today. Still, they proclaimed, HMOs not only promise better quality care, but save money by reducing the incentive to hospitalization inherent in third party payment.

The Health, Education and Welfare Department will release a list of all Medicare payments to all physicians despite warnings from both Congressmen and the AMA that a simple listing of dollar amounts paid to physicians, with no indication of the number of patients treated and the services provided for those payments, is essentially meaningless.

The list, to be available for public inspection, will contain the names of about 300,000 physicians who provided services to Medicare-eligible patients during 1977. It will tell nothing about the physicians named, the kinds of care they provide, their actual earnings, or the patients they serve.

The list will not indicate, for example, that across the country doctors received, in Medicare reimbursement, only about 58% of the amount of covered charges actually billed for providing medical services to persons whose care is paid for by Medicare.

In a letter of protest to HEW Secretary Joseph Califano, James H. Sammons, AMA executive vice-president, pointed out, "There is no cost-benefit ratio in what HEW is doing. The interests of neither the public nor the profession are served by this type of reporting."

Dr. Sammons spells out in the letter many of the flaws and down-right inaccuracies of a list compiled in such a fashion. For example, the list will not make clear that in many instances the payment for covered services made directly to patients who are then supposed to pay the physicians, but often do not. The physicians are credited by the HEW list with having received all moneys paid for services which they provided, but in countless instances they may have received only a part of it, or none of it.

Dr. Sammons said, "The list will not explain that certain specialists such as cardiologists, internists, urol-

ogists, nephrologists, surgeons, ophthalmologists or orthopedists will naturally have large numbers of elderly or chronically ill among their patients, all covered by Medicare. Nor will it indicate that physicians in Florida, Arizona, California and certain other states are far more likely to have a Medicare-eligible patient profile than would be the case in other parts of the country.

"Even if it were made clear that many physicians justifiably derive a significant part of their income from services rendered to patients covered by Medicare, the figure—though it may appear sizable—will in no way represent the physicians' net income. The most current figures available show physician overhead averaging 40% of gross income, with general practitioners, family physicians and pediatricians supporting operating expenses even greater than 40%."

Rep. Thomas Luke (D-Ohio) has also labelled as "objectionable" the HEW list.

In a letter to Secretary Califano, Luken said the disclosure "could be deceptive, expensive, and open to a significant rate of error!"

The liberal Democrat, a member of the House Commerce Committee, said that Medicare payments often are submitted to individual physicians on behalf of a hospital or clinic. "On such occasions, the HEW listing will not designate the specific physician who worked with Medicare patients. As a result, the list could be deceptive, and would not offer a clear comparison of the actual payments received by the individual physician," he said.

He told Califano that "it has been estimated that this undertaking will cost the federal government from \$750,000 to \$1 million, and some \$300,000 annually thereafter. Moreover, additional expense must be borne by the carriers, such as Blue Shield.



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This study is supported by the National Cancer Institute and referral of patients with any stage of disease is sought. Direct any questions, requests for more information, or referrals to Clarence E. Ehrlich, M.D., Indiana University Medical Center, Department of Obstetrics and Gynecology, Indianapolis 46202, (317) 264-2175.

### Clinical Fellowships Awarded

American Cancer Society Regular Clinical Fellowships for 1978-79 have been awarded to the following institutions:

Oral Pathology, Indiana University School of Dentistry; and

Medicine: Hematology/Oncology, Indiana University School of Medicine. Both are in Indianapolis.

### National Conference: Nutrition in Cancer

The American Cancer Society and the National Cancer Institute will sponsor this conference, to be held June 29—July 1 in Seattle. Its purpose is to inform the general medical community of recent developments concerning the role of nutrition in cancer. Conference subjects will include:

**Factors in Causation and Prevention of Cancer:** Dietary Habits in Cancer-Epidemiology, Alcohol and Tobacco, Drugs and Hormones, Food Additives, Mechanism of Action of Diet as a Carcinogen, and Optimal Nutrition.

**Nutritional Status:** General Effects of Cancer—Cachexia, Anorexia, Impaired Organ System Effects, Pediatric Considerations and Malnutrition and Death. Effects of Cancer Therapy—Chemotherapy and Radiation, Surgical.

**Management:** Assessment of Nutritional Status, Nutritional Requirements, Dietetic Assessment, Psychological Aspects, Principles of Nutritional Support, Oral Feeding, Tube Feeding, Parenteral Feeding, Pediatric, Geriatric.

**Food—Facts and Fancy, Prevention and Treatment:** Etiology of Nutritional Fads; Nutrients, Vitamins and Minerals In Prevention; Nutrients, Vitamins and Minerals as Therapy; Role of the Federal Government; Future Developments and "The Prudent Diet."

No registration fee. Advance Registration requested. Additional information/registration material is available from the Indiana Division, American Cancer Society.

### Who Says It Is Terminal?

(Reprinted from JAMA, Jan. 9, 1978, Vol. 239, No. 2, page 138. Copyright 1978, American Medical Association. Editorial by B. J. Kennedy, M.D., University of Minnesota, School of Medicine.)

Patients with advanced cancer are subjected to no greater cruelty than when referred to as having "terminal" cancer or being a "terminal cancer patient." It is unjust to continue to use this term, which distorts the truth about cancer in an era when so much can be offered to these patients.

Physicians often use the word "terminal" when they want to say that the disease is not curable. For instance, if a malignant neoplasm is not removable by surgery, the patient's condition may be labeled as "terminal." Even dictionaries propagate this misconception: "Terminal: occurring at or contributing to the end of life, as in cancer . . . terminal cancer." Yet patients with chronic congestive heart failure, severe emphysema, cirrhosis of the liver, advanced diabetes mellitus, and numerous other chronic diseases that result in death rarely have their disease deemed terminal.

Patients whose conditions are called terminal undergo severe emotional stress, and decisions are made on the assumption that death is imminent. However, many patients once so unjustly labeled have been successfully treated, resulting in prolonged survival and even cure.

Physicians do not have the skill to predict accurately the course of events in the progress of cancer. Prediction of survival time in individual patients is rarely possible. Patients with advanced or metastatic cancer may eventually reach a state where no further definitive anti-cancer therapy is available, but with appropriate supportive therapies, long-term survival occurs.

Eventually, patients with cancer reach the dying phase of that disease. The physician has an important role in the support of these patients. Let us demonstrate compassion for the patient with cancer and refer to cancer as we do other chronic diseases.

The medical profession, in its medical vocabulary, should strive to eliminate reference to the terminal patient or disease. The use of the word "terminal" in describing patients should be limited to morticians who make the funeral arrangements and to clergymen when they deliver the eulogy.

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100 .....	Darvon Comp. 65 © ..	7.83 ..	Propoxyphene HCl Comp. 65 © ..	<b>4.63</b> ..	<b>3.20</b>
100 .....	Pavabid (150 mg.) .....	11.73 ..	Papaverine HCl T.R. (100 mg.) .....	<b>4.33</b> ..	<b>7.40</b>
100 .....	Thorazine (50 mg.) .....	6.03 ..	Chlorpromazine HCl (50 mg.) .....	<b>3.23</b> ..	<b>2.80</b>
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# WHAT'S NEW?

CONTINUED FROM PAGE 433

The Amersham Corporation has announced that IBRIN® Radionuclide-labeled (<sup>125</sup>I) Fibrinogen (Human) has been approved by the FDA for routine availability. Clinical research since 1973 has demonstrated that the drug is valuable in the detection of deep vein thrombosis, thus enabling an early diagnosis, prior to embolization, and appropriate treatment.

\* \* \*

The FDA has given the go-ahead to the American Hospital Supply Corporation's request to market Nephramine™. It is the first intravenous amino acid solution to be specifically indicated for patients suffering from kidney failure. The solution, containing eight essential amino acids, is given to the patient along with a concentrated calorie source such as dextrose through a catheter in a central vein.

\* \* \*

Becton Dickinson Medical Systems has announced three new items: Its "Stat Scope" is an economical ECT/Pulse-monitoring system for hospitals; its new fetal monitor provides non-invasive evaluation by ECG and ultrasound methods; finally, its Stat VI defibrillator functions with the Stat VI monitor for defibrillation and cardioversion.

\* \* \*

Bio/Data Corporation is introducing QUAN-8™, a kit for determining factor VIII activity levels. The kit was developed for community hospitals but may be used in blood banks and specialty laboratories. Each kit contains sufficient materials to prepare the standard curve and to perform 10 patient tests.

\* \* \*

Baka Manufacturing is introducing three new patient aids that eliminate the use of tape for securing catheters, nasogastric tubes and other tubes. One size fits all adults, another size fits all children. The three aids encircle the leg, arm, head or waist and virtually eliminate the use of adhesive tape or pins.

\* \* \*

Lederle has announced a new vitamin formula—STRESS-TABS® 600 with Zinc. The new formulation contains the equivalent of 23.9 mg. of elemental zinc and 3 mg. of elemental copper for the treatment of patients whose diet is deficient in zinc and/or copper.

\* \* \*

Dorsey Laboratories will market a new antihistamine, TAVIST® (clemastine fumarate). It is described as potent and long acting and is recommended for relief of symptoms associated with seasonal allergic rhinitis and for the relief of mild, uncomplicated allergic skin manifestations of urticaria and angioedema.

## Employee Alleges Negligence

### Appellate Court Dismisses Suit

Because a patient's injury arose out of and in the course of his employment, his only remedy against his employer was through the Workmen's Compensation Act. The patient did not have an independent action against the employer for alleged negligence of the employer's medical staff, an Indiana appellate court ruled.

In March 1973, the employee experienced weakness and light-headedness which was not from a work-related cause. He sought treatment from his company's medical staff located on the premises. The physician ordered an injection, which allegedly was administered negligently by his nurse, resulting in permanent damage to the employee's ulnar nerve.

Claiming that his employer, the physician and the nurse were negligent, the employee filed suit against them two years later. A trial court dismissed the claim against the employer for lack of jurisdiction, and the employee appealed.

The appellate court concluded that the employee's visit to the physician arose out of and in the course of employment for workmen's compensation coverage, even though the employee's

injury might be caused by the malpractice of the physician and the nurse. The court said that seeking medical care from the company physician located on the premises, even for a non-work-related illness or injury, was so incidental to employment that it should be considered to have arisen out of employment since the medical services supplied by the employer were reasonably necessary for the health, comfort and convenience of the employees.

Consequently, because the injury arose out of his employment, the employee's sole remedy against his employer was through workmen's compensation, the court said in affirming the trial court's dismissal of the suit.

The court also pointed out that this opinion did not decide whether the employee had an independent claim against the company physician and nurse for malpractice because that issue was not before the court at this time.—*McDaniel vs. Sage*, 366 N.E.2d 202 (Ind. Ct. of App., Aug. 18, 1977)

Courtesy of THE CITATION, Vol. 36, No. 6, Jan. 1, 1978.

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Ruth (Mrs. G. Beach) Gattman  
President, ISMA Auxiliary

*"Man (woman) is a special being, and if left to himself, in an isolated condition, would be one of the weakest creatures; but associated with his kind, he works wonders."—Daniel Webster.*

Can you think of a better endorsement for the ISMA Auxiliary than the above quotation? Fifty-one years after the founding of our organization, our primary objective remains, "to assist the ISMA in its program for the advancement of medicine and public health." United in this cause we will continue to work wonders.

At the House of Delegates April 18-20 at Anderson, seven capable and talented women were elected officers of the ISMA Auxiliary for 1978-1979. They are:

**President-elect**—Mrs. Abner P. Bennett (Charlotte) Evansville;

**First Vice-President**—Mrs. Herbert Schiller (Dorothy) South Bend;

**Northern Area Vice-President**—Mrs. James E. Benson (Carol) Elkhart;

**Central Area Vice-President**—Mrs. Glenn W. Irwin, Jr. (Marianna) Indianapolis;

**Southern Area Vice-President**—Mrs. Claude J. Meyer (Bonnie) Sellersburg;

**Recording Secretary**—Mrs. Richard E. Lahr (Marilyn) West Lafayette;

**Treasurer**—Mrs. Robert M. Schleinkofer (Karen) Ft. Wayne.

We are exceedingly fortunate to have leadership of such high caliber serving on our Executive Committee for this Auxiliary year.

Each County Auxiliary has been asked to place special emphasis on the following programs:

- **Legislation**—An informed Auxiliary that responds intelligently, effectively, and promptly to the AMA Auxiliary's Legs Alert through its letter-writing campaign to Congress is a necessity in 1978. This should be a top priority.

- **Health**—will you be a positive influence in your county to assist in developing health-related programs wherever there is a need? Can you be a catalyst in the area of child abuse, high blood pressure clinics, skateboard safety, or nutrition, to name just

a few? Do you have a program for International Health? Is your county involved in helping to plan a health fair? Our state Health Chairman has many ideas to assist you in your planning. Remember to get the approval of your county medical society before beginning any new program. Or better yet, why not form a joint committee and work together to develop a new program for your county?

- **C.P.R.**—Let's continue the excellent work that's been done in this area through the encouragement of Mary K. Stanley, our immediate past state president. Encourage each auxiliary member to take the C.P.R. course and become familiar with the Heimlich maneuver. Help disseminate this information to the public in your community. Ask your husband if the employees in his office are trained in C.P.R. If not, why not? We cannot over-emphasize the importance of being prepared in this vital area.

- **AMA-ERF**—The only unrestricted funds that Indiana University School of Medicine receives are our AMA-ERF funds. Each dollar you contribute to the student loan fund makes \$12 available for loan to the medical student. Can you think of a better way to invest in the future of medicine? I know you will continue the outstanding job you have done in the past for AMA-ERF.

- **Membership**—As individuals, each auxiliary member contributes her own special talents to make the Auxiliary a stronger organization. Let's invite the spouse of each potential member to join the Auxiliary to "associate with her kind, so that we can work wonders together."

It was a real pleasure to have Dr. Eli Goodman attend our House of Delegates. To encourage even greater communication between the Auxiliary and the Association, I have invited Dr. Goodman to attend all Board meetings of the Auxiliary this year. We appreciate all the ISMA has done and is doing to assist the Auxiliary. I look forward with anticipation to an exciting and stimulating Auxiliary year. Working together we can truly work wonders.

# "I still don't understand. Can you explain it again, Doctor?"



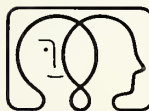
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# Floyd County Medical Society Celebrates Its Centennial

## 1978 Officers

### FLOYD COUNTY MEDICAL SOCIETY

PRESIDENT: Dr. George Allen, Georgetown  
VICE-PRESIDENT: Dr. Stephen W. Nale, New Albany  
SECRETARY: Dr. Daniel H. Cannon, New Albany  
AMA DELEGATE: Dr. Everett E. Bickers, Floyds Knobs

Capsulizing the history of a 100-year-old organization to make it both interesting and brief isn't easy. Undaunted, THE JOURNAL has tried to do this on the occasion of one of the Indiana State Medical Association's 81 county medical societies.

The Floyd County Medical Society is celebrating its centennial this month (see THE JOURNAL, April 1978, p. 418). Its 53 active and four emeritus members kicked off their celebration May 1 with a dinner-dance in New Albany, at which Indiana Governor Otis R. Bowen delivered the keynote address.

To mark the occasion, we've combined a little research with some information provided by Dr. Stephen W. Nale of New Albany, vice-president of the society and chairman of its centennial plans committee. The results appear on these pages.

★ ★ **1878-1978** ★ ★

## ISMA's Centennial President Was From New Albany

**D**r. Augustus P. Hauss of New Albany (1888-1964), served as president of the Indiana State Medical Association in 1949, the Association's centennial year. (He was one of four New Albany physicians elected ISMA presidents, a fact being commemorated this month as the Floyd County Medical Society celebrates its centennial.)

An article that appeared in the January 1949 issue of THE JOURNAL urged ISMA members to pledge "their unstinting support and cooperation to the incoming president."

Dr. Hauss' record was that of "a sterling citizen interested in the everyday affairs of the community, a busy general practitioner, a willing and efficient administrator for public health activities, and a careful and conscientious servant for the affairs of the medical profession of Indiana."

Dr. Hauss had been vice-presi-

dent of the New Albany centennial celebration in 1913 and president of the Floyd County centennial in 1919. In 1948 he attended the centennial meeting of the Pennsylvania State Medical Society as an official representative of ISMA.

THE JOURNAL had explained in the same article that during Dr. Hauss' term of office with ISMA the state would be preparing for the "protection and care of its citizens and resources in event of disaster." Dr. Hauss had served as chief of Emergency Medical Services of Floyd County Civilian Defense during World War II, for which he received the Citation of Merit, attracting national recognition.

The year 1949, it was predicted, would be "filled with serious and perhaps ominous problems involving prepayment medical insurance, and the threat of socialized medicine. . . ."

# Indiana's First Ovariectomy Was Performed in New Albany 136 Years Ago

A potent factor in the advance of medical knowledge has been the formation of medical associations through which physicians exchange results of their own observations and experimentation.

Local doctors had established the New Albany Medical Society in the early years of the last century, and in 1849 the Indiana State Medical Association was founded. It is interesting to note that New Albany's Dr. Asahel Clapp served as the second president of this organization and, during the Association's centennial year of 1949, Dr. Augustus P. Hauss, also of New Albany, served as president (of ISMA).<sup>1</sup>

It was at the 1852 annual meeting of the State Association that a New Albany doctor reported on what is probably the first ovariectomy to have been performed in

Indiana. Fittingly, the Association was holding its meeting in New Albany that year.

Dr. John Sloan detailed to his colleagues the facts of the ovariectomy he had performed two months earlier. His 33-year-old patient, whose name was discreetly withheld in the public prints, was present at the Association meeting, apparently quite recovered from her recent surgery.

This operation made Indiana medical history. It was one of the first (perhaps the first) in the state in which an anesthetic was used—chloroform in this case.

Dr. Sloan was assisted in the surgery by New Albany's other leading physicians of the day—Drs. Leonard, Shields, Town, Graham, Bowman and Rucker. Dr. Bowman applied the anesthetic.

Local tradition holds that the operation was performed in Dr. Sloan's office in his then-new home at Main and E. Sixth Streets.

Ironically, the operation was performed in 1852, the very year in which the hospital controversy flared. It is significant that no local physicians were agitating for the hospital. The doctor's office was suitable even for surgery, and home care was the normal thing for other types of illness.

But during the half century from 1852 to 1902 the techniques of medical science had advanced so rapidly that specialized facilities became a necessity to properly utilize new knowledge and new methods of treatment.

Thus it was that by the turn of the century New Albany's medical profession, fully aware of the critical need for hospital facilities, initiated the movement which culminated in building St. Edwards Hospital . . . .<sup>2</sup>

<sup>1</sup>Related article about Dr. Hauss, Page 460.

<sup>2</sup>Related article about St. Edwards Hospital. See the story about Dr. Garner, Page 462.

Reprinted in part from the Oct. 3, 1963, edition of The New Albany Tribune, with permission of The Tribune.

## PAST ISMA PRESIDENTS FROM FLOYD COUNTY

Four Floyd County physicians—all from New Albany—have been elected president of the Indiana State Medical Association since its founding in 1849.

**Dr. Asahel Clapp** (1792-1862) served as the second president of ISMA in 1851. Dr. Clapp, born in Massachusetts, was not a graduate of medical school, according to "One Hundred Years of Indiana Medicine," 1949, Dorothy Ritter Russo, editor-in-chief. He read medicine under a preceptor in Vermont, the book states. An internationally known botanist and geologist, he was president of the first state medical society, organized at Corydon in 1820.

**Dr. John Sloan** (1815-1898) was elected ISMA's 15th president in 1863 but did not preside because of illness. A native of Maine, he was a graduate of Bowdoin Medical College.

**Dr. Walter J. Leach** (1862-1935) was elected 86th president of ISMA but died a few days before he was to preside at the Gary Session in 1935. A native Hoosier, he was a graduate of the Louisville Medical College.

**Dr. Augustus P. Hauss** (1888-1964) was elected 100th president of the Association, thus making him presiding officer during ISMA's centennial year in 1949.

## Guest Editorial

GEORGE T. LUKEMEYER, M.D.

President

Marion County Medical Society

CONTINUED FROM PAGE 440

The following is quoted directly from a recent memorandum by John A. D. Cooper, M.D., president, Association of American Medical Colleges. "... residency programs are an integral part of the medical education process. The resident is primarily a student whose relationship with the hospital should be based on an educational rather than an industrial model. The adoption of the latter relationship would affect the educational objective as follows:

"1. The fundamental relationship between the interns and residents and the program director and his teaching staff would be changed from one of student and teacher to employee-employer.

"2. The program director would no longer be able to shape each individual's training to suit that individual's educational needs, but would have to deal with "employees" on a collective basis.

"3. Hospitals would be expected to bargain about subjects over which they have no control.

"4. The education emphasis of medical education would be replaced by a new emphasis upon "wages, hours and terms and conditions of employment."

"5. As the programs at affected hospitals changed from ones with emphasis upon education to ones with emphasis upon the material elements of the employer-employee relationship, graduate medical education programs could face loss of accreditation.

"6. An administrative body could become the final arbiter of the content of graduate medical education by virtue of defining the scope of collective bargaining by affected programs. Individually and in the aggregate these implications would seriously reduce the effectiveness of training programs to the detriment of new physicians and the society at large."

Dr. Cooper continues: "HR 2222 is not a minor technical change in national labor law. . . . the bill is a major substantive change that could disrupt the continuum of medical education by defining the learners primarily as employees rather than students."

I oppose HR 2222 as a potential threat to medicine, to the uninterrupted, professional care of the sick.

## The Dean of New Albany's Physicians:

**D**r. William H. Garner, Sr. has seen a lot of changes in 84 years of living and a medical practice that spanned 45 years.

Dr. Garner, who retired at 77, is one of New Albany's first surgeons and one of the original 13 founders of Floyd County Memorial Hospital.

He was born May 2, 1894 in a log cabin at Wolf Creek, Ky. After his graduation from the University of Louisville School of Medicine in 1923, he went to New Albany to work as an intern at St. Edwards Hospital. "I did everything from surgery to emptying bedpans," he recalled.

Dr. Garner said when he started practicing medicine in 1925 there were only two drugs available to treat specific diseases—quinine for malaria and Salvarsan® for syphilis. "With everything else we treated the symptoms instead of the disease, usually with aspirin."

He opened his first office in July 1925 in the Elsbey Building and later moved to another New Albany office before he built one across the street from his home on East Spring Street. The office is now used by his son, Dr. William H. Garner, Jr., also a surgeon.

Dr. Garner, a 50-Year Club member and a former trustee of the Indiana State Medical Association, walks with a limp that is a permanent reminder of a Dec. 31, 1930 golf game. He said it had been one of those warmer winter days so he and four other golfers set out to play at the New Albany Country Club. But he lost his footing on a patch of ice and slid down a hill, break-

Reprinted with permission of The New Albany Tribune, New Albany. The original article was written by newspaper staff reporter Marti Wenz Bergstrom.

## Dr. William H. Garner, Sr.

*"I did everything  
from surgery  
to emptying bedpans . . ."*

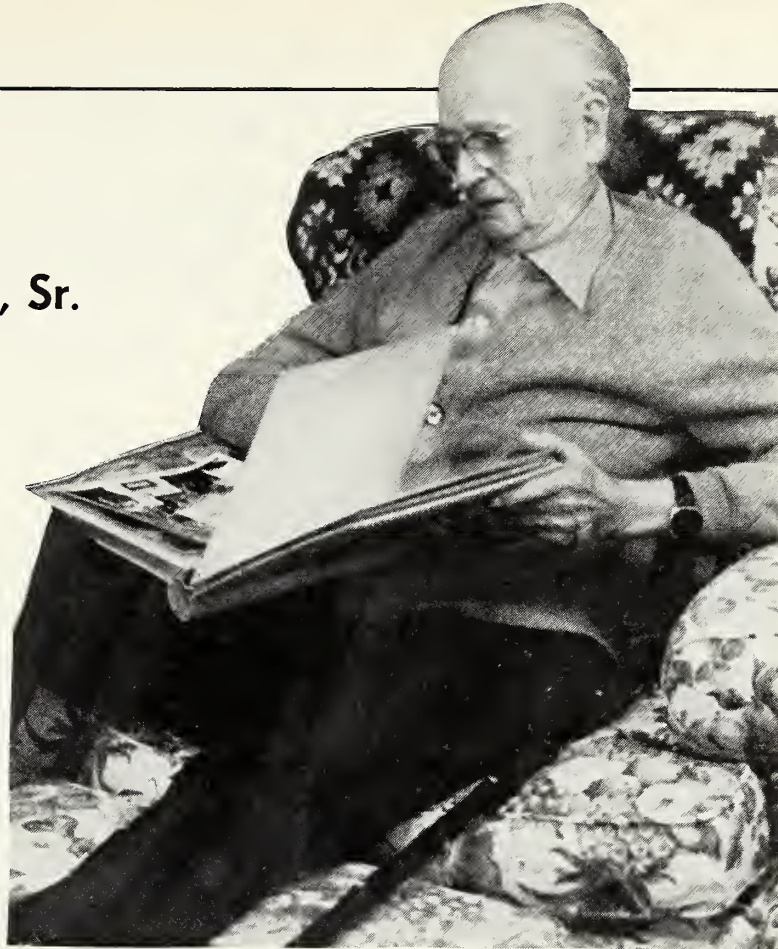


PHOTO BY DON BECK

ing his left leg. It never healed properly.

In spite of the disability, Dr. Garner served as an Army surgeon during World War II. When he returned to civilian life in 1946, he found too many doctors trying to use the inadequate facilities at St. Edwards Hospital. A year or so later, the county medical association discussed increasing the number of beds at St. Edwards or building a new hospital, he explained.

"I did a little too much talking and was appointed chairman of a committee to investigate building a new hospital."

Dr. Garner enlisted the aid of a dozen local businessmen and civic leaders to lead a fund drive for the new hospital, and the first meeting of the "Committee of 13" was held in his office.

The committee offered to donate \$100,000 to add 75 beds to St. Edwards, but hospital officials determined it would be too expensive to expand and modernize the facility.

The "Committee of 13" eventually raised \$250,000, used to buy the 12 acres of land where Floyd County Memorial Hospital is now located. The new 67-bed county hospital opened in 1952. Since then it has been expanded to 260 beds. Recently, a \$2.3 million program was started to add 35,000 square feet of office and storage space.

In recognition of his contributions to the hospital, Dr. Garner has been appointed to its emeritus staff. He has also served as a member of the hospital's board of trustees and as a member of the New Albany City Council.

Last July Dr. Garner underwent bypass surgery to correct a heart condition. "My cardiologist said I was his oldest patient (to have the surgery), but I'm tough. He called me Tiger.

"It's not that I'm brave," he said. "I was willing to do anything to get rid of the angina. You have to have it to understand (the pain)."

Although the surgery eliminated the angina, Dr. Garner wasn't pleased with the scars from the incisions. "I'm not going to look too good at the beach this year," he quipped.

He says he's looking forward to warm weather and getting back to his rose garden. He's also hoping that some of his 14 grandchildren will decide to go to medical school. "One is applying," he noted.

Besides his son, Dr. Garner has a daughter, Nancy Garner Hummer of Rossford, Ohio. His wife Mary, who was a registered nurse, died in 1974.

"I don't know of anybody who's had a more beautiful life than I have," Dr. Garner said.

# THE INDIANA STATE MEDICAL ASSOCIATION

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## Distal Expansion of the Radius

## There's a Word for It

RICHARD J. NOVEROSKE, M.D.  
Evansville

The end of the radius at the wrist is properly called "the distal expansion" of the radius. It is the part of the radius or distal forearm that is fractured in a Colles Fracture—probably the most common fracture. Since fractures of this part of the skeleton are so common, we ought to know the proper name of this frequently broken part.

You'll hear it called about everything—"the

head of the radius," "the end of the radius," "the wrist bone," etc. Many times physicians and nurses won't try to name it; they'll only point at it on the x-ray film.

"Distal expansion" is an appropriate term; this part of the radius is the distal part, and it is expanded. I think we ought to use this term more. But what do you think?



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\*R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.; Hormones for Improved Sexuality in the Male and Female Climacteric. *Drug Therapy*, Sept. 1976.

**DESCRIPTION:** Methyltestosterone is 17 $\beta$ -Hydroxy-17-Methylandroster-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunuchism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-puberal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric,

avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE**

**REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. In the male: Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchidism, 30 mg. **REFERENCE:** Robert B. Greenblatt, M.D., and D. H. Perez, M.D.: "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.

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**Indications:** Although the principal indication for cloxacillin sodium is in the treatment of infections due to penicillinase-producing staphylococci, it may be used to initiate therapy in such patients in whom a staphylococcal infection is suspected. (See Important Note below.)

Bacteriologic studies to determine the causative organisms and their sensitivity to cloxacillin sodium should be performed.

**Important Note:** When it is judged necessary that treatment be initiated before definitive culture and sensitivity results are known, the choice of cloxacillin sodium should take into consideration the fact that it has been shown to be effective only in the treatment of infections caused by pneumococci, Group A beta-hemolytic streptococci, and penicillin G-resistant and penicillin G-sensitive staphylococci. If the bacteriology report later indicates the infection is due to an organism other than a penicillin G-resistant staphylococcus sensitive to cloxacillin sodium, the physician is advised to continue therapy with a drug other than cloxacillin sodium or any other penicillinase-resistant semi-synthetic penicillin.

Recent studies have reported that the percentage of staphylococcal isolates resistant to penicillin G outside the hospital is increasing, approximating the high percentage of resistant staphylococcal isolates found in the hospital. For this reason, it is recommended that a penicillinase-resistant penicillin be used as initial therapy for any suspected staphylococcal infection until culture and sensitivity results are known.

Cloxacillin sodium is a compound that acts through a mechanism similar to that of methicillin against penicillin G-resistant staphylococci. Strains of staphylococci resistant to methicillin have existed in nature and it is known that the number of these strains reported has been increasing. Such strains of staphylococci have been capable of producing serious disease, in some instances resulting in fatality. Because of this, there is concern that widespread use of the penicillinase-resistant penicillins may result in the appearance of an increasing number of staphylococcal strains which are resistant to these penicillins.

Methicillin-resistant strains are almost always resistant to all other penicillinase-resistant penicillins (cross-resistance with cephalosporin derivatives also occurs frequently). Resistance to any penicillinase-resistant penicillin should be interpreted as evidence of clinical resistance to all, in spite of the fact that minor variations in *in vitro* sensitivity may be encountered when more than one penicillinase-resistant penicillin is tested against the same strain of staphylococcus.

**Contraindications:** A history of a previous hypersensitivity reaction to any of the penicillins is a contraindication.

**Warning:** Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. Although anaphylaxis is more frequent following parenteral therapy it has occurred in patients on oral penicillins. These reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens.

There have been well documented reports of individuals with a history of penicillin hypersensitivity reactions who have experienced severe hypersensitivity reactions when treated with a cephalosporin. Before therapy with a penicillin, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. If an allergic reaction occurs, the drug should be discontinued and the patient treated with the usual agents, e.g., pressor amines, antihistamines, and corticosteroids.

Safety for use in pregnancy has not been established.

**Precautions:** The possibility of the occurrence of superinfections with mycotic organisms or other pathogens should be kept in mind when using this compound, as with other antibiotics. If superinfection occurs during therapy, appropriate measures should be taken.

As with any potent drug, periodic assessment of organ system function, including renal, hepatic, and hematopoietic, should be made during long-term therapy.

**Adverse Reactions:** Gastrointestinal disturbances, such as nausea, epigastric discomfort, flatulence, and loose stools, have been noted by some patients. Mildly elevated SGOT levels (less than 100 units) have been reported in a few patients for whom pretherapeutic determinations were not made. Skin rashes and allergic symptoms, including wheezing and sneezing, have occasionally been encountered. Eosinophilia, with or without overt allergic manifestations, has been noted in some patients during therapy.

**Usual Dosage:** Adults: 250 mg. q 6h.

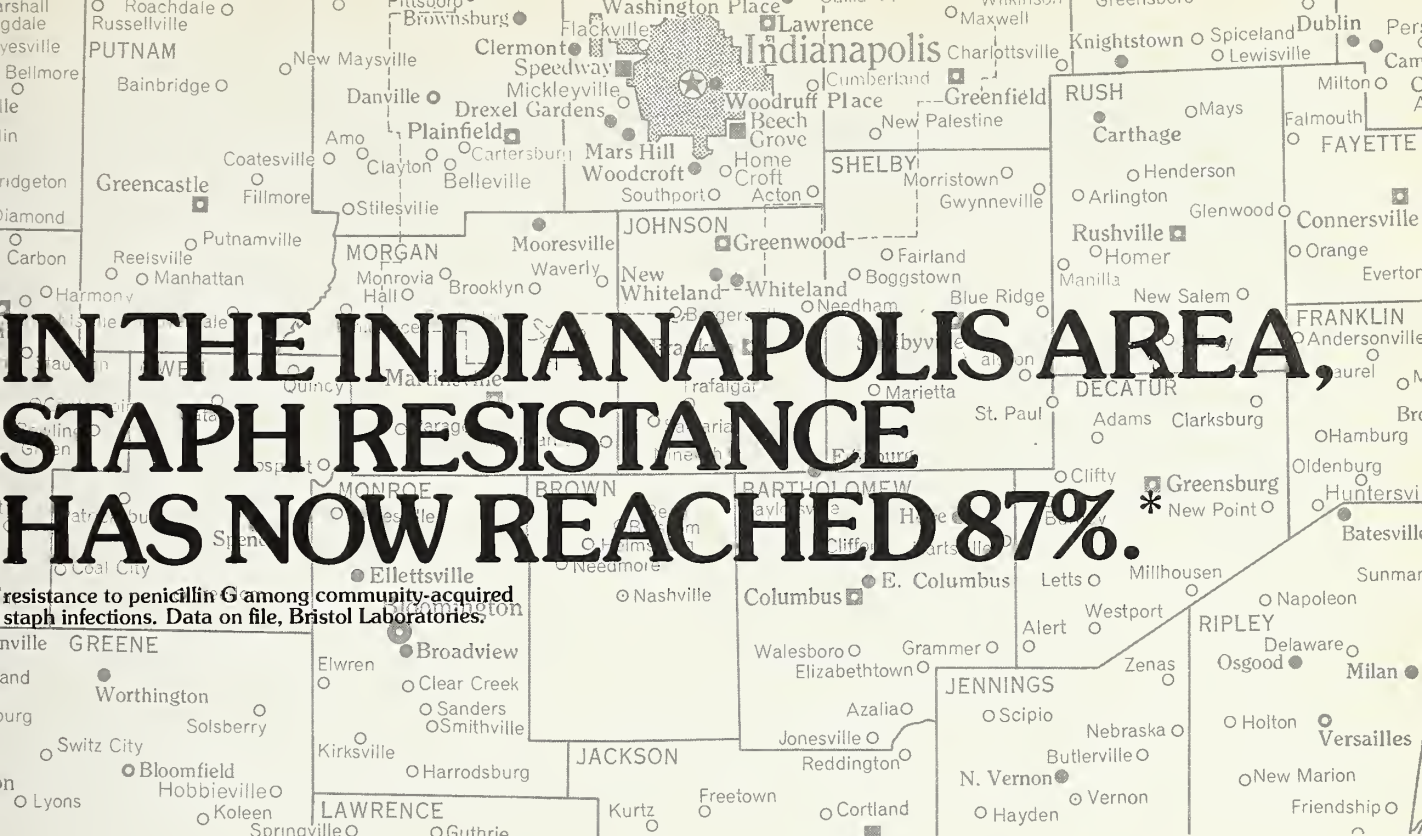
Children: 50 mg./Kg./day in equally divided doses q 6h. Children weighing more than 20 Kg. should be given the adult dose. Administer on empty stomach for maximum absorption.

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# advantage

A young girl with dark hair in pigtails is captured in a dynamic pose on a clay tennis court. She is wearing a white tennis dress with a dark waistband, white socks, and white sneakers. She is swinging a tennis racket with both hands, hitting a yellow tennis ball. The background features a wooden fence, a tennis net, and a lush green mountain range under a bright blue sky with wispy clouds. The overall scene is vibrant and energetic.

Shot on location at  
Sugarbush Inn, Warren, Vermont.

# MARAX<sup>®</sup>

S: ephedrine sulfate, 25 mg; theophylline, 130 mg; and Atarax<sup>®</sup> (hydroxyzine HCl), 10 mg  
X-DF SYRUP, per 5 ml: ephedrine sulfate, 6.25 mg; theophylline, 32.50 mg;  
x<sup>®</sup> (hydroxyzine HCl), 2.5 mg; and ethyl alcohol, 5% v/v

## First-line therapy for mild to moderate bronchial asthma\*

dependable • economical • convenient



\*This drug has been evaluated as possibly effective for controlling bronchospastic disorders. See Brief Summary on following page.

\* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:  
 "Possibly" Effective: For controlling bronchospastic disorders  
 Final classification of the less than effective indication requires further investigation.

**Contraindications:** Because of the ephedrine, Marax is contraindicated in cardiovascular disease, hyperthyroidism, and hypertension. This drug is contraindicated in individuals who have shown hypersensitivity to the drug or its components. Hydroxyzine, when administered to the pregnant mouse, rat, and rabbit induced fetal abnormalities in the rat at doses substantially above the human therapeutic range. Clinical data in human beings are inadequate to establish safety in early pregnancy. Until such data are available, hydroxyzine is contraindicated in early pregnancy.

**Precautions:** Because of the ephedrine component this drug should be used with caution in elderly males or those with known prostatic hypertrophy.

**The potentiating action of hydroxyzine, although mild, must be taken into consideration when the drug is used in conjunction with central nervous system depressants; and when other central nervous system depressants are administered concomitantly with hydroxyzine their dosage should be reduced.**

Patients should be warned—because of the hydroxyzine component—of the possibility of drowsiness occurring and cautioned against driving a car or operating dangerous machinery while taking this drug.

**Adverse Reactions:** With large doses of ephedrine, excitation, tremulousness, insomnia, nervousness, palpitation, tachycardia, precordial pain, cardiac arrhythmias, vertigo, dryness of the nose and throat, headache, sweating, and warmth may occur. Because ephedrine is a sympathomimetic agent some patients may develop vesical sphincter spasm and resultant urinary hesitation, and occasionally acute urinary retention. This should be borne in mind when administering preparations containing ephedrine to elderly males or those with known prostatic hypertrophy. At the recommended dose for Marax, a side effect occasionally reported is palpitation, and this can be controlled with dosage adjustment, additional amounts of concurrently administered Atarax (hydroxyzine HCl) or discontinuation of the medication. When ephedrine is given three or more times daily patients may develop tolerance after several weeks of therapy.

Theophylline when given on an empty stomach frequently causes gastric irritation accompanied by upper abdominal discomfort, nausea, and vomiting. Administration of the medication after meals will serve to minimize this side effect. Theophylline may cause diuresis and cardiac stimulation. The amount of Atarax (hydroxyzine HCl) present in Marax has not resulted in disturbing side effects. When used alone specifically as a tranquilizer in the normal dosage range (25 to 50 mg three or four times a day), side effects are infrequent; even at these higher doses, no serious side effects have been reported and confirmed to date. Those which do occasionally occur when Atarax (hydroxyzine HCl) is used alone are drowsiness, xerostomia and, at extremely high doses, involuntary motor activity, unsteadiness of gait, neuromuscular weakness, all of which may be controlled by reduction of the dosage or discontinuation of the medication. With the relatively low dose of Atarax (hydroxyzine HCl) in Marax, these effects are not likely to occur. In addition, the ataractic action of Atarax (hydroxyzine HCl) may modify the cardiac stimulatory action of ephedrine, and concurrently, increasing the amount of Atarax (hydroxyzine HCl) may control or abolish this undesirable effect of ephedrine.

**Dosage:** The dosage of Marax should be adjusted according to the severity of complaints, and the patient's individual toleration.

**Tablets:** In general, an adult dose of 1 tablet, 2 to 4 times daily, should be sufficient. Some patients are controlled adequately with 1/2 to 1 tablet at bedtime. The time interval between doses should not be shorter than four hours. The dosage for children over 5 years of age and for adults who are sensitive to ephedrine, is one-half the usual adult dose. Clinical experience to date has been confined to ages above 5 years.

**Syrup:** The dose for children over 5 years of age is 1 teaspoon (5 ml), 3 to 4 times daily. Dosage for children 2 to 5 years of age is 1/2 to 1 teaspoon (2.5–5 ml), 3 to 4 times daily. Not recommended for children under 2 years of age.

**How Supplied:** Marax Tablets are available as light blue, scored tablets in bottles of 100 and 500.

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## Complications of Acute

R. JOE NOBLE, M.D.  
J. STANLEY HILLIS, M.D.  
Indianapolis

A 56-year-old white woman, previously in good health, experienced severe "indigestion" that she described as a "gas bubble," exerting marked pressure in the lower substernum and epigastrium. The discomfort persisted one evening and into the next day. She also complained of aching in her jaws and symptoms of dyspnea and diaphoresis.

*Question 1: Interpret the electrocardiogram (Fig. 1).*

- A. Pericarditis
- B. Acute anterior infarction
- C. Acute inferior infarction
- D. Right bundle branch block
- E. Intraventricular conduction defect

**DISCUSSION:** The electrocardiogram demonstrates marked ST segment elevation across the anterior precordium with QS complexes, diagnostic of acute anterior myocardial infarction.

From St. Vincent Hospital, 8402 Harcourt Road, Suite 713, Indianapolis 46260.

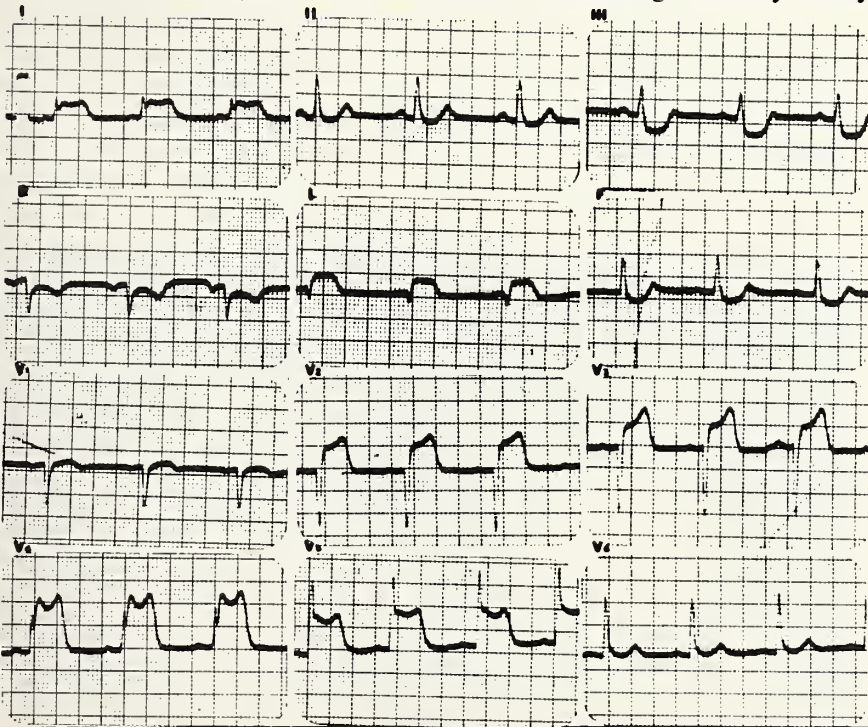
# Anterior Myocardial Infarction

*Question 2: Can you predict which complications are likely to accompany this specific myocardial infarction?*

- A. Shock
- B. Heart failure
- C. Wenckebach block
- D. Bundle branch block
- E. Ventricular rupture

**DISCUSSION:** Some problems are more commonly associated with infarction in one myocardial zone,

whereas other specific complications are more likely to accompany infarction in other myocardial zones. For instance, sinus bradycardia and atrioventricular block commonly develop in patients with inferior wall infarction. The reason for this association is that the artery that supplies the inferior wall, i.e., the right coronary artery, also supplies blood to the sinus node and AV node. In contrast, the left anterior descending coronary artery,



**FIGURE 1**



THE JOURNAL, in cooperation with the Division of Postgraduate and Continuing Medical Education of the Indiana University School of Medicine, offers its readers a Continuing Medical Education program. This is the fourth in a series of articles written for purposes of continuing medical education—produced by the faculty of the School of Medicine and supported by a grant from its Division of Postgraduate and Continuing Medical Education.

Through reading and following each article carefully and answering the Quiz correctly, one hour of Category 1 AMA Continuing Medical Education credit is offered for the reader's application for the Physician's Recognition Award of the American Medical Association.

In this article, the author has departed from the format used in previous CME articles that have appeared in The Journal. He has incorporated questions in the body of the article so the reader can use them as a self-assessment. The questions—they comprise the CME quiz—are repeated on Page 476.

which provides blood to the anterior wall of the heart, does not provide blood to either the sinus node or the AV node. Consequently, neither sinus node dysfunction nor AV block are anticipated with anterior wall infarction. Should heart block develop, then, it would do so at the level of the bundle branch system in the ventricles.

More important, however, is the fact that a substantial amount of the anterior LV myocardium is supplied by the LAD coronary artery. Consequently, occlusion of this artery, by causing extensive anterior wall infarction, would be likely to produce myocardial dysfunction. This would be manifest clinically as heart failure or even shock. Thus, in patients with extensive anterior wall infarction, the physician anticipates the development of heart failure, even shock; and should bradycardia develop, bilateral bundle branch block would be the likely explanation.

The physical examination demonstrated sinus tachycardia. A prominent fourth heart sound gallop and a quiet third heart sound gallop were audible. A systolic bulge was palpable in the fourth intercostal space midway between the left sternal border and the apex. Rales were heard in both lung bases.

*Question 3: What do these physical findings suggest?*

- A. Left ventricular hypertrophy
- B. Heart failure
- C. Aneurysm
- D. Mitral regurgitation
- E. Pneumonia

**DISCUSSION:** Heart failure is indicated by resting sinus tachycardia with a fourth heart sound gallop, and particularly a third heart sound gallop. The pulmonary rales confirm pulmonary congestion secondary to heart failure.

The systolic bulge is a physical manifestation of a dysfunctional segment of the ventricle, due to the infarction. This finding may be only transient, and resolve as the patient improves.

**Over the first four days in the hospital, the patient continued to experience chest pain. However, the pain differed from that which prompted her admission to the hospital; it was more severe, quite sharp, exacerbated by deep breathing or by an alteration in body position, and radiated into the posterior neck. The patient was febrile, with a temperature of 101°.**

*Question 4: Appropriate management of this pain would include:*

- A. Anti-coagulation
- B. Emergency coronary cinerangiography
- C. Aspirin
- D. Steroids

**DISCUSSION:** The pain described is classical for pericarditis: sharp, pleuritic pain with radiation into the trapezoid ridge. Fever nearly always accompanies the pericarditis resulting from acute myocardial infarction.

Pericarditis of at least two varieties develops in patients with acute infarction: that occurring within the first three or four days of the infarction, such as in this patient; and that developing from two weeks to several months after the infarction. The former type of pericarditis is presumably a reaction to the acute injury, whereas the latter, known as Dressler's Syndrome, is presumably an autoimmune reaction developing later in the course.

Both types of pericarditis must

be differentiated from recurrent angina or recurrent myocardial infarction. Either type of pericarditis will usually respond to salicylates, or if that fails, steroids. A single dose of prednisone often completely eliminates the acute pericardial pain developing shortly after myocardial infarction. Such therapy is indicated if the patient experiences considerable pain, with resultant tachycardia and other distress.

A pericardial friction rub was heard. The scratchy sound was heard at three points in the cardiac cycle—presystolic (due to atrial contraction), systolic (due to ventricular contraction) and early diastolic (due to rapid ventricular filling). The administration of a single dose of prednisone relieved the pain and fever, neither of which recurred.

However, the heart rate continued to rise to 130-140 per minute. The patient became progressively more dyspneic. A loud summation gallop was heard and pulmonary rales were more prominent than earlier.

*Question 5: Interpret the chest radiogram (Fig. 2).*

- A. Pneumonitis
- B. Heart failure
- C. Pulmonary embolization
- D. Normal for present course
- E. Aneurysm

**DISCUSSION:** The chest radiogram demonstrates progressive pulmo-



**FIGURE 2**

nary congestion, to confirm the clinical impression of progressive heart failure. The cardiac silhouette is bulging to the left, to suggest the development of an aneurysm.

*Question 6: What is the appropriate therapy for heart failure complicating acute myocardial infarction?*

- A. Diuretics
- B. Digitalis
- C. Afterload reduction
- D. Intra-aortic balloon
- E. Emergency surgery

**DISCUSSION:** Diuretics often effectively relieve mild pulmonary congestion complicating acute myocardial infarction. However, by reducing preload, diuretics may also reduce cardiac output. When the patient's heart failure is manifest not only by pulmonary congestion but by marked sinus tachycardia and generalized weakness or even borderline hypotension, the physician must assume that the cardiac output is significantly depressed. In those circumstances, diuretics alone will not correct the situation.

There is still considerable debate over the efficacy of digitalis in the management of heart failure complicating acute infarction. On one hand, some clinicians hesitate to use digitalis since they believe a) the drug is relatively ineffective in augmenting the contractile state of an ischemic or infarcted ventricle; and b) toxic arrhythmias may likely develop. On the other hand, many clinicians have observed an improvement in LV function and resultant diuresis in patients with acute heart failure receiving digitalis. The authors share the latter view and believe that digitalis is indicated in this setting.

It must be remembered that digitalis is administered for one of two purposes: a) to augment contractile state in patients with heart failure; or b) to slow AV conduction and hence slow the ventricular response to atrial tachyarrhythmias. Relatively large doses of digitalis are required to accomplish the second

therapeutic goal, whereas relatively small doses will effectively augment contractile state. Consequently, small doses of digitalis may be safely administered to patients with acute myocardial infarction and heart failure in an effort to augment the contractile state of the ventricle while, at the same time, avoiding the emergence of toxic ventricular arrhythmias. Specifically, a loading dose of only 0.5-0.75 digoxin would be indicated for such a patient.

Within the past three years a new and quite effective means of managing acute heart failure has been described, namely, afterload reduction or vasodilator therapy. The rationale behind this new therapy is that peripheral arterial vasoconstriction (the result of augmented sympathetic tone as a compensatory mechanism in heart failure) actually impedes left ventricular emptying.

In other words, when the left ventricle contracts, it must work even harder to eject its contents. However, with afterload reducing therapy, by reducing impedance or resistance to left ventricular emptying, the same contraction of the left ventricle will, in effect, eject more blood. Therefore, the cardiac output will increase, and less blood will remain in the ventricle at the termination of its ejection. Since less blood remains in the ventricle, ventricular diastolic pressure falls, and pulmonary congestion should resolve. Afterload reducing therapy, however, is a potential two-edged sword, in that excessive vasodilatation could result in hypotension, and a subsequent further fall in coronary blood flow.

**Initially, our patient received digitalis and diuretics, resulting in an effective diuresis and improved clinical status. The heart rate decreased to 110. However, three days later the patient was profoundly weak with the heart rate gradually rising to 140, urinary output falling, systolic blood pressure decreasing from 120 to 90. The patient became more dyspneic and confused.**

*Question 7: The patient has developed shock. Why? What is the differential diagnosis of shock in a patient with acute myocardial infarction?*

- A. Cardiogenic shock
- B. Reflex hypotension
- C. Hypovolemic
- D. Sepsis
- E. Pulmonary embolization

**DISCUSSION:** There are at least six common causes for shock in acute myocardial infarction:

- Drugs (such as narcotics or antiarrhythmics);
- Arrhythmias;
- Acidosis (which may be the consequence of an arrhythmia);
- A reflex hypotension - bradycardia syndrome which may develop in patients with acute inferior wall infarction.

Once these four diagnostic possibilities have been excluded, the two most common causes for shock remain: a) relative hypovolemia and b) true cardiogenic shock due to the irreversible loss of an unacceptable mass of myocardium.

*Question 8: How would you differentiate between hypovolemic and cardiogenic shock?*

- A. X-ray
- B. Swan-Ganz catheterization
- C. Trial of volume loading
- D. Arterial blood gases
- E. Orthostatic tachycardia

**DISCUSSION:** Cardiogenic shock is the end stage of severe heart failure. Consequently, one would expect to see pulmonary congestion either clinically or on the chest radiogram. Hypovolemia, on the other hand, should be manifested by an inappropriately low filling pressure of the left ventricle so that pulmonary congestion should not be

present. Thus, the clinical examination and chest radiogram are quite helpful. If it is not possible to distinguish between these two conditions clinically, then emergency bedside catheterization, using the Swan-Ganz catheter, will differentiate between these two conditions. With hypovolemia, left ventricular diastolic pressure is inappropriately low, whereas with true cardiogenic shock, left ventricular diastolic pressure is abnormally elevated.

In the present patient, at the time she developed shock, the chest radiogram was quite clear. Furthermore, the shock followed an effective diuresis, so hypovolemia was diagnosed. Bedside catheterization was performed, and the pulmonary capillary wedge pressure measured 12mm of mercury. This is actually a normal value, and much lower than that which would be expected with severe heart failure, such as cardiogenic shock. With the administration of fluids, including colloids, the pulmonary capillary wedge pressure increased to 16mm of mercury, along with a simultaneous increase in the cardiac output and an increase in the systolic blood pressure to 110. The heart rate decreased to 90 and the patient's mentation and urinary output simultaneously improved.

One week later the patient experienced sudden chest pain and syncope. Neither pulse nor blood pressure were obtainable but continuous electrocardiographic monitoring failed to show any rhythm disturbance except for sinus tachycardia at 110.

*Question 9: What is the present condition, and possible causes?*

- A. Electromechanical dissociation due to acute pulmonary embolus
- B. Electromechanical dissociation due to acute cardiac rupture
- C. Electromechanical dissociation due to global myocardial ischemia

D. Ventricular fibrillation

E. Asystole due to bilateral bundle branch block

**DISCUSSION:** The patient has developed mechanical cardiac failure without any abnormality in cardiac rhythm, i.e., electromechanical dissociation. Likely causes of electromechanical dissociation are acute pulmonary embolization with nearly total obstruction of pulmonary blood flow, ventricular rupture, or global myocardial infarction.

Within minutes the patient spontaneously improved and again developed a blood pressure of 90/40. A Swan-Ganz catheter was again placed. The cardiac output was depressed, but this time the pulmonary capillary wedge pressure was elevated to 18mm.

*Question 10: What is the mechanism of the present shock?*

- A. Cardiogenic shock
- B. Reflex hypotension
- C. Hypovolemia
- D. Sepsis
- E. Pulmonary embolization

**DISCUSSION:** The elevation in left ventricular diastolic pressure with a severe depression in cardiac output and hypotension indicate true cardiogenic shock. The absence of pulmonary hypertension would mitigate against a massive pulmonary embolus, so that global myocardial ischemia or ventricular rupture would be the most likely diagnosis.

Dopamine and nitroprusside were administered and the patient gradually improved. All supportives were discontinued within 24 hours since the patient was quite stable and normotensive.

Over the next 10 days the patient again became progressively more dyspneic with sinus tachycardia and loud pulmonary rales. With digitalis, diuretics and vasodilators, the patient's pulmonary congestion would clear but the blood pressure would decrease to approximately 80/50 and urinary output would fall. With fluids, the blood pressure and urinary output would increase

but pulmonary edema would develop. In other words, the patient alternated back and forth between shock and pulmonary edema. She simply could not be maintained.

*Question 11: What is a possible reversible cause for the patient's severe cardiac impairment with alternation between heart failure and shock?*

- A. Mitral regurgitation
- B. Ventricular septal perforation
- C. Aneurysm
- D. Massive infarction
- E. Pulmonary embolization

**DISCUSSION:** Certainly the patient could have a massive infarction with insufficient myocardium remaining to sustain a viable cardiac output. This would be an irreversible condition. Potentially reversible conditions would include an acute rupture of the ventricular septum, or acute mitral regurgitation. However, the patient did not have a cardiac murmur, so that these conditions would be unlikely. The acute development of a large left ventricular aneurysm would be another potentially reversible condition.

The patient underwent left ventriculography and coronary cineangiography. A huge aneurysm was seen on the anterior wall of the heart.

*Question 12: Does the size of the aneurysm determine the advisability of surgery, or are there other, more important considerations?*

- A. The size of the aneurysm is of no importance in selecting surgery
- B. The size of the aneurysm is the sole determinant of the advisability of surgery
- C. The size of the aneurysm plus the functional state of the remainder of the ventricle determine the advisability of surgery

*D. The functional state of the ventricle is the sole determinant of the advisability of surgery*

DISCUSSION: Certainly the huge size of the aneurysm would suggest that the paradoxical bulging of the ventricle during systole is in part responsible for the patient's heart failure and shock. More important than the size of the aneurysm, however, is the amount of residual myocardium, should the aneurysm be resected. In other words, the most important question is the amount of function of the non-aneurysmal left ventricle. The ventriculogram suggested that the remaining left ventricle was functioning well. Therefore, the patient was taken to surgery for aneurysmectomy.

*Question 13: Predict the surgeon's findings.*

- A. Aneurysm*
- B. Ventricular rupture*
- C. Pericarditis*

*D. Pulmonary embolization*

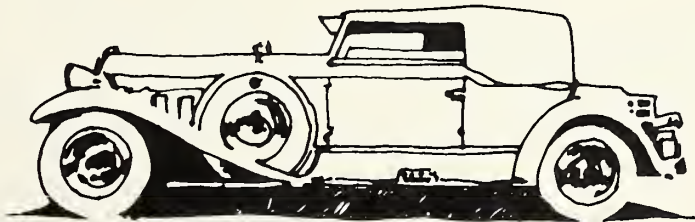
*E. Occlusion of left anterior descending coronary artery*

DISCUSSION: At surgery a huge anterior left ventricular aneurysm was found and resected. In addition, the surgeon found a false aneurysm surrounding the true aneurysm. In other words, the true aneurysm was represented by an abnormal outward bulge of the patient's myocardium. The false aneurysm was represented by a mass of clotted blood exterior to the patient's myocardium and contained by the pericardium. Thus, the earlier episode of sudden electromechanical dissociation was the consequence of an acute myocardial rupture which was continued within the pericardial sack. Such a condition is almost always immediately fatal, and the mechanism of the sudden death is cardiac tamponade. Ostensibly, the earlier pericarditis may have resulted in adhesions be-

tween the pericardium and epicardium and thereby contained the sudden bleeding developing subsequently.

**Post-operatively the patient's recovery was quite slow in that she was weak, fatigued and with borderline hypertension. However, she did recover and was discharged from the hospital one month later. Now, three years later, the patient is fully ambulatory, enjoying sedentary activities and even moderate physical exertion. As this report is written, she is enjoying her usual spring vacation in Florida.**

The present report is presented to exemplify several complications that may develop in patients with acute myocardial infarction. Fortunately, a single patient rarely develops all the complications exhibited by this interesting lady. The diagnosis and possible management of pericarditis, heart failure, hypovolemic shock, cardiogenic shock, ventricular rupture, and left ventricular aneurysm are illustrated by this one case history.



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## CME QUIZ

# Myocardial Infarction

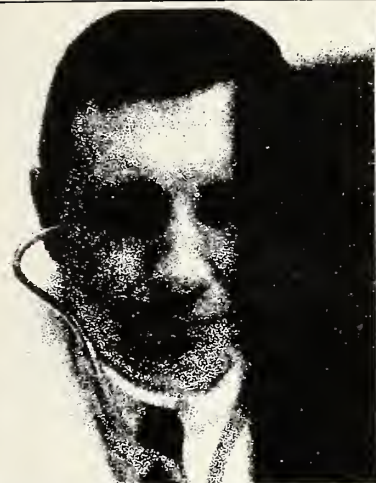
(CONTINUED FROM PAGES 470-475)

TO OBTAIN ONE HOUR OF CATEGORY 1 AMA CME CREDIT, answer the following questions by circling the correct answer on the answer sheet below. Complete and clip the application form and mail it to: **Indiana University School of Medicine, Division of Postgraduate and Continuing Medical Education, 1100 W. Michigan St., Indianapolis 46202.**

**ANSWER THE FOLLOWING:**

1. Interpret the electrocardiogram (Fig. 1).
  - A. Pericarditis
  - B. Acute anterior infarction
  - C. Acute inferior infarction
  - D. Right bundle branch block
  - E. Intraventricular conduction defect
2. Can you predict which complications are likely to accompany this specific myocardial infarction?
  - A. Shock
  - B. Heart failure
  - C. Wenckebach block
  - D. Bundle branch block
  - E. Ventricular rupture
3. What do these physical findings suggest?
  - A. Left ventricular hypertrophy
  - B. Heart failure
  - C. Aneurysm
  - D. Mitral regurgitation
  - E. Pneumonia
4. Appropriate management of this pain would include:
  - A. Anti-coagulation
  - B. Emergency coronary cineangiography
  - C. Aspirin
  - D. Steroids
5. Interpret the chest radiogram (Fig. 2).
  - A. Pneumonitis
  - B. Heart failure
  - C. Pulmonary embolization
  - D. Normal for present course
  - E. Aneurysm
6. What is the appropriate therapy for heart failure complicating acute myocardial infarction?
  - A. Diuretics
  - B. Digitalis
  - C. Afterload reduction
  - D. Intra-aortic balloon
  - E. Emergency surgery
7. The patient has developed shock. Why? What is the differential diagnosis of shock in a patient with acute myocardial infarction?
  - A. Cardiogenic shock
  - B. Reflex hypotension
  - C. Hypovolemic
  - D. Sepsis
  - E. Pulmonary embolization
8. How would you differentiate between hypovolemic and cardiogenic shock?
  - A. X-ray
  - B. Swan-Ganz catheterization
  - C. Trial of volume loading
  - D. Arterial blood gases
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9. What is the present condition, and possible causes?
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  - B. Electromechanical dissociation due to acute cardiac rupture
  - C. Electromechanical dissociation due to global myocardial ischemia
  - D. Ventricular fibrillation
  - E. Asystole due to bilateral bundle branch block
10. What is the mechanism of the present shock?
  - A. Cardiogenic shock
  - B. Reflex hypotension
  - C. Hypovolemia
  - D. Sepsis
  - E. Pulmonary embolization
11. What is a possible reversible cause for the patient's severe cardiac impairment with alternation between heart failure and shock?
  - A. Mitral regurgitation
  - B. Ventricular septal perforation
  - C. Aneurysm
  - D. Massive infarction
  - E. Pulmonary embolization
12. Does the size of the aneurysm determine the advisability of surgery, or are there other, more important considerations?
  - A. The size of the aneurysm is of no importance in selecting surgery.
  - B. The size of the aneurysm is the sole determinant of the advisability of surgery.
  - C. The size of the aneurysm plus the functional state of the remainder of the ventricle determine the advisability of surgery.
  - D. The functional state of the ventricle is the sole determinant of the advisability of surgery.

CONTINUED ON NEXT PAGE



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3. Predict the surgeon's findings.
- A. Aneurysm
  - B. Ventricular rupture
  - C. Pericarditis
  - D. Pulmonary embolization
  - E. Occlusion of left anterior descending coronary artery

The following are answers to the CME quiz that appeared in the January 1978 issue of **The Journal**. The article upon which the questions were based was "Legionnaire's Disease," by Arthur C. White, M.D.

1. b—2. d—3. e—4. d—5. c

**Complete this form to obtain verification for one hour of Category 1 AMA CME credit.**

Answer sheet for Quiz: (Myocardial Infarction . . .)

- |                  |                   |
|------------------|-------------------|
| 1. a, b, c, d, e | 7. a, b, c, d, e  |
| 2. a, b, c, d, e | 8. a, b, c, d, e  |
| 3. a, b, c, d, e | 9. a, b, c, d, e  |
| 4. a, b, c, d    | 10. a, b, c, d, e |
| 5. a, b, c, d, e | 11. a, b, c, d, e |
| 6. a, b, c, d, e | 12. a, b, c, d    |
|                  | 13. a, b, c, d, e |

I wish to apply for one hour of category 1 AMA Continuing Medical Education credit through the I.U. School of Medicine. I have read the article and answered the quiz on the answer sheet above. I understand that my answer sheet will be graded confidentially, at no cost to me, and that notification of my successful completion of the quiz (80% of the questions answered correctly) will be directed to me for my application for the Physician's Recognition Award of the American Medical Association. I also understand that if I do not answer 80% of the questions correctly, I will not be advised of my score but the answers will be published in a later issue of THE JOURNAL for my information.

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The Division of Postgraduate and Continuing Medical Education must receive your completed, signed application before July 15, 1978, to be eligible for credit for this month's quiz. Answers to the quiz will appear in a later issue.

## ABSTRACT

Total parenteral nutrition utilizing a central venous catheter is essential to the care of infants with congenital or acquired disorders of intestinal function. This report evaluates the technical, mechanical, and infectious problems observed in 65 catheters used in 44 infants less than a year old. Sterile insertion with x-ray monitoring in the operating room avoids most technical complications. The overall catheter sepsis rate was 20% and was directly related to the duration of use. Eight patients in the study died, but only one death was attributed to the hyperalimentation catheter itself. Careful surveillance, intensive monitoring, and a broad hospital education program result in reduction and, in some cases, elimination of potential complications of this most important modality of patient care.

## PART 1

MARVIN L. SMITHERMAN, M.D.<sup>1</sup>  
THOMAS V. N. BALLANTINE, M.D.<sup>2</sup>  
JAY L. GROSFELD, M.D.<sup>3</sup>  
Indianapolis

# Catheter Complications with Total Parenteral Nutrition in the First Year of Life

The use of total parenteral nutrition (TPN) has become a valuable adjunctive treatment in the care of infants. This mode of therapy, however, is not without potential danger, as both metabolic and catheter complications<sup>9,14,20</sup> have been observed. Such occurrences are of greater significance in the neonate or infant because venous access is more limited than in the adult patient.

This study documents the incidence of infectious, mechanical and technical complications associated with total parenteral nutrition in a series of infants receiving TPN in the first year of life.

## PATIENT MATERIAL

Central venous total parenteral nutrition was employed in 44 consecutive patients (*Table 1*) at the James Whitcomb Riley Hospital for Children on the Indiana University Medical Center campus during a four-year period. Twenty-seven patients were boys and 17 were girls, ranging in age from newborn to one year. The primary diagnosis was a congenital defect in 27 patients, failure to thrive in seven, intractable diarrhea in seven, necrotizing enterocolitis in two and neuroblastoma in one. Sixty-five catheters were utilized in this group of 44 infants.

## TECHNIQUE

Central venous catheters are inserted under sterile conditions in the operating room. In nearly all patients, a barium impregnated silastic catheter is utilized. Early in the study period, radiolucent silastic catheters were used; radio-opaque polyethylene catheters were occasionally used.

The patient is immobilized with soft extremity restraints and the head is secured in the desired position. Electrocardiogram and temperature are continuously monitored. Oxygen is delivered by mask at a flow of 5 litres/minute. Mild sedation may be provided with a

PRIMARY DIAGNOSIS IN 44 INFANTS  
REQUIRING TOTAL PARENTERAL NUTRITION

	CASES	CATHETERS
Congenital Abdominal Wall Defect	16	22
Intestinal Atresia	5	8
Tracheo-Esophageal Fistula	4	5
Total Colon Aganglioneosis	1	2
Meconium Ileus	1	1
Failure to Thrive	7	11
Intractable Diarrhea	7	12
Necrotizing Enterocolitis	2	3
Neuroblastoma	1	1
<b>TOTAL</b>	<b>44</b>	<b>65</b>

TABLE 1

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<sup>2</sup>Assistant Professor, Section of Pediatric Surgery, Department of Surgery, I.U. School of Medicine.

<sup>3</sup>Professor and Director, Section of Pediatric Surgery, Department of Surgery, I.U. School of Medicine; and Surgeon-in-Chief, James Whitcomb Riley Hospital for Children.

From the Section of Pediatric Surgery, Department of Surgery, Indiana University School of Medicine, and the James Whitcomb Riley Hospital for Children.

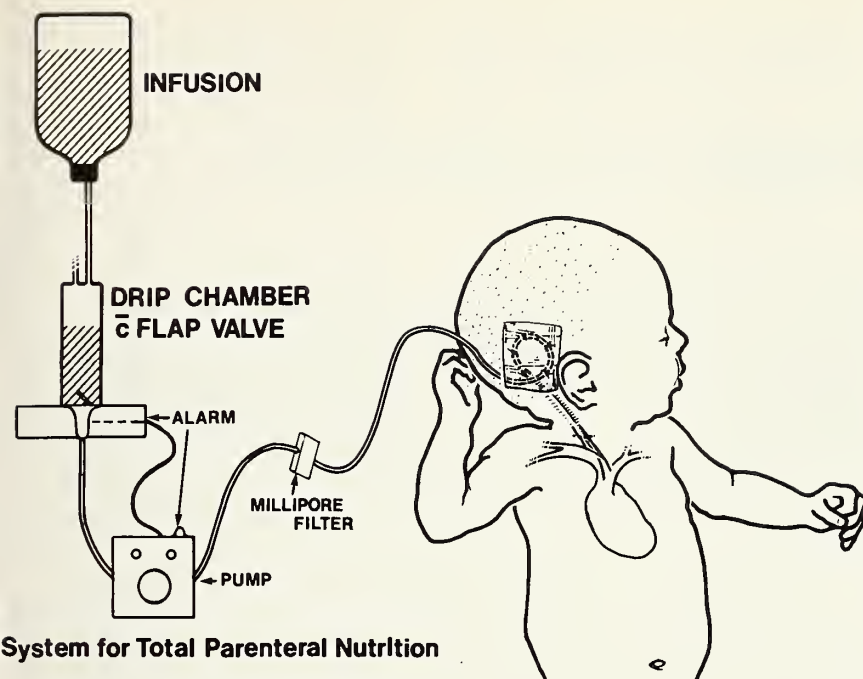


FIGURE 1

whiskey nipple. The scalp is shaved, defatted with ether and then prepped and draped in sterile fashion. A small transverse neck incision is made following infiltration of 1/2 cc of 0.25% xylocaine. The following sites were utilized: external jugular vein, 23; internal jugular vein, 35; facial vein, 6; saphenous, 1.

Venotomy is made and the bari-um impregnated silicone catheter is advanced into the superior vena cava. The catheter is tunneled to the temporo-parietal area of the scalp and secured in the shape of a loop by several interrupted non-absorbable sutures (Figure 1). Intraoperative x-ray confirms the central position of the tip of the catheter. Total parenteral hyperalimentation is maintained by a constant infusion (120 cal/kg) through an inline filter (pore size-0.22 microns). The solution contains 25% dextrose, 2.5% amino acid, and appropriate electrolytes and vitamins. The catheter is used exclusively for hyperalimentation fluids and is aspirated only to obtain blood for culture when sepsis is suspected. A peripheral intravenous infusion is used for administration of all blood products and medications.

External catheter dressing care is done each Monday, Wednesday and Friday by the Pediatric Surgery house staff, using sterile technique and wearing gowns, gloves and mask. The skin surrounding the catheter is defatted and gently cleansed with an iodophor solution. Antibiotic ointment (Betadine®) is applied to the neck wound and catheter skin exit site. An occlusive dressing is then re-applied. The venous tubing and filter are changed daily by the nursing staff. Hyperalimentation fluids are prepared under special sterile, laminar-flow hoods in the hospital pharmacy and are cultured weekly. In instances of suspected sepsis, cultures are obtained from the periph-

eral blood, the TPN line, cerebrospinal fluid, urine, surgical incisions and other potential sites of infection.

## COMPLICATIONS

The incidence of non-septic complications was evaluated at the time of insertion, during the course of TPN and at the time of catheter removal.

No complications occurred during the insertion of central venous catheters. Several minor intraoperative problems were encountered: inappropriate catheter position, coiling of the catheter, inadequate external jugular vein, aberrant vessels or defective catheters. Intraoperative x-rays proved essential in assuring appropriate catheter position.

Three types of non-septic catheter complications were encountered during the course of TPN. An air embolus, caused by failure to use the inline filter and pump correctly, resulted in an episode of acute cyanosis in one infant. The patient survived without sequelae. Two other infants had transient edema and venous distention of the head and neck following catheterization of both internal jugular veins and prolonged use of TPN. Catheters occasionally filled with blood in a retrograde manner as a result of pump malfunction, uncoupled tubing or an empty drip chamber.

Two acute complications occurred after venous catheter removal. In one, a large hematoma of the neck resulted in transient respiratory embarrassment, which resolved over a 12-hour period. Incomplete removal of a catheter in

## INDICATIONS FOR REMOVAL OF TPN CATHETER

Sepsis (Suspected or Proven)	24	37%
Adequate Oral Intake	12	18%
Catheter Dislodgement	9	14%
Catheter Thrombosis	7	11%
Catheter Tract Infection	5	8%
Venous Perforation	1	1%
Other*	7	11%
<b>TOTAL</b>	<b>65</b>	<b>100%</b>

\*Inadequate catheter position—2; hole in catheter wall—2; Aspergillus fungusball ivine—1; catheter in place at end of study—2.

TABLE 2

a second child necessitated a cut-down to retrieve the transected catheter tip from the insertion site.

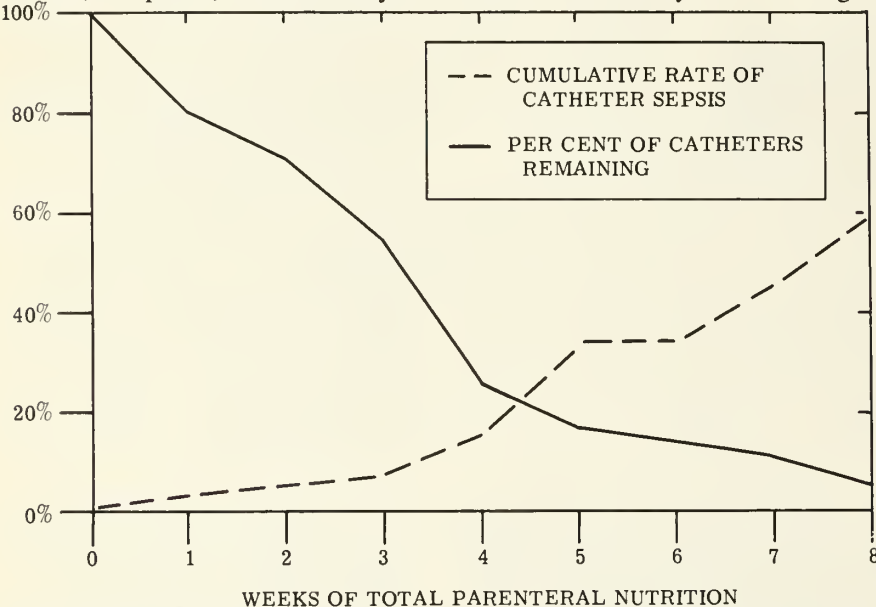
The indications for removal of central catheter and cessation of TPN are shown in Table 2. The presumption of sepsis, as suggested by lethargy, hypothermia, hyperthermia, or pallor, was the major

indication for removal of 24 of the 65 central venous catheters (37%).

The duration of TPN per catheter is presented in Figure 2. Of the 44 infants, 26 had one catheter, 16 had two catheters, one had three catheters, and one had four catheters. The average longevity of a catheter was 23 days with a range

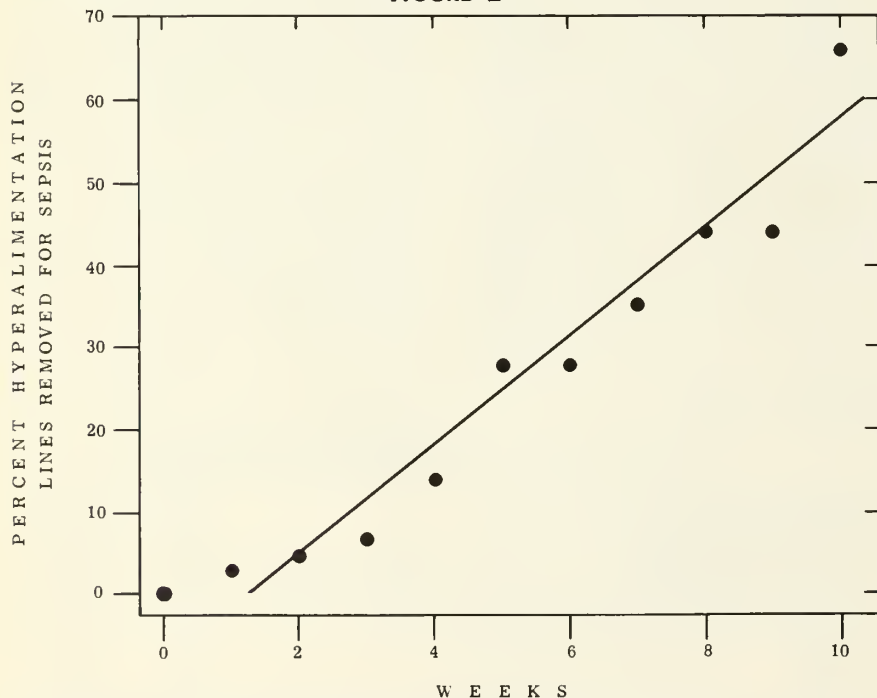
of 1 to 76 days. TPN was used for a total of 1,547 patient-days.

The relationship between the duration of TPN and the incidence of catheter sepsis is also shown in Figure 2. Nineteen of 24 instances of suspected sepsis were confirmed by evidence of a bacteremia. The removal rate because of a septicemia increased linearly at the rate of 6.2% of catheters per week after the first two weeks of parenteral nutrition (Figure 3). Thirteen were felt to be associated with catheter sepsis including three instances in which two organisms were cultured. In the remaining six patients, wound sepsis, fulminant pneumonia or meningitis were considered to be the cause of the bacteremia. In nearly all instances of suspected catheter sepsis, intravenous ampicillin or methicillin (110-200 mg/kg/day) in combination with gentamicin (5 mg/kg/day) was administered when the catheters were removed. No instances of fungal septicemia were indentified. The bacteria responsible for catheter sepsis are listed in Table 3.



The relationship of the incidence of catheter sepsis and the longevity of the TPN catheter.

FIGURE 2



Life table relationship between, TPN catheter longevity and sepsis—6.2% of catheters are removed for presumed sepsis each week after the second week of use.

FIGURE 3

### BACTERIA DEMONSTRATED IN CASES OF PROVEN CATHETER SEPSIS

Staphylococcus Aureus	4
Staphylococcus Epidermidis	4
Klebsiella Pneumoniae	3
Pseudomonas Aeruginosa	1
Escherichia Coli	1
α - Streptococcus, Group D	1
Enterococcus	1
Gram + Bacillus	1
<b>TOTAL</b>	<b>16</b>

TABLE 3

Eight deaths occurred in association with TPN; however, only one was directly related to the catheter. This child, with intractable diarrhea and failure to thrive, died following perforation of the superior vena cava by a rigid polyethylene catheter with resultant intrapleural hemorrhage and extravasation of hyperalimentation fluid. The other seven deaths were attributed to the patients' diseases.

The "Discussion" portion of this article, together with references, will appear in Part 2, scheduled for the June 1978 issue.

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1. Goldberg HL, Finnerty RJ, Cole JO: Doxepin: Is a single daily dose enough? *Am J Psychiatry* 131:1027-1029, 1974.

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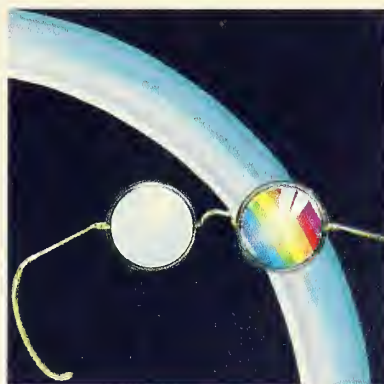
Adverse effects occurring infrequently include extrapyramidal symptoms, gastrointestinal reactions, secretory effects such as sweating, tachycardia and hypotension. Weakness, dizziness, fatigue, weight gain, edema, paresthesias, flushing, chills, tinnitus, photophobia, decreased libido, rash and pruritus may also occur.

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DENNIS STEVENS, M.D.<sup>1</sup>  
RICHARD L. SCHREINER, M.D.<sup>2</sup>  
Indianapolis

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# Neonatal Hypoglycemia

**H**ypoglycemia is frequently observed in the neonate; however, with proper screening and therapy, much of its associated morbidity and mortality are preventable.

## DIAGNOSIS

The criteria for diagnosing neonatal hypoglycemia (*Figure 1*) are quite different than in the adult. In the premature infant, hypoglycemia is defined as a whole blood sugar of less than 20 mg% in the first three days of life and less than 30 mg% thereafter. In the full term infant, hypoglycemia is defined as a whole blood sugar of less than 30 mg% in the first three days of life and less than 40 mg% thereafter.

The above values were established many years ago in fasting infants. Arguments can be waged that these values do not represent an optimal blood sugar. Blood sugar studies on healthy infants who nurse at delivery might provide this information, but presently these are not available. The effect of a blood sugar of 20 or 30 mg% on an infant is not known. In addition, the tests used for screening for hypoglycemia are not as accurate as the usual laboratory chemical determinations; thus, the tests provide another argument to keep the blood sugar at greater than the absolute lower limits of "normal." Therefore, it is preferred to keep the blood sugar greater than or equal to 40 mg% in both the premature and full term.

The blood sugar can be determined in a number of ways. The usual laboratory chemical determination is the most accurate, but this takes an hour or two in most clin-

ical laboratories. This is inadequate if a baby is having symptomatic hypoglycemia. Many hospitals, therefore, use the Dextrostix® (Ames Laboratory, Elkhart, Ind.) method of determining blood sugar as a screening test. In this simple test, whole blood is applied to the glucose oxidase impregnated filter paper and after 60 seconds it is washed with water. The color of the strip can be matched with the reference on the bottle. The EYETONE® Reflectance Colorimeter or AMES™ Reflectance Meter may also be used. It is very important to remember that neither meter corrects for poor technique. There are many problems with the Dextrostix itself, as

**FIGURE 1**

### Definition of Hypoglycemia

- A) Premature: Blood sugar less than 20 first 3 days of life; less than 30 after first 3 days.
- B) Term infant: Blood sugar less than 30 mg% first 3 days of life; less than 40 after 3 days.
- C) Usually we attempt to keep Dextrostix® greater than 40 mg%.

<sup>1</sup>Neonatal-Perinatal Fellow  
<sup>2</sup>Assistant Professor of Pediatrics

From the Department of Pediatrics, Section of Neonatal-Perinatal Medicine, Indiana University School of Medicine and the James Whitcomb Riley Hospital for Children.

well as the technique, that may affect the reliability of this test. These include delay in reading the strip, overwashing, inaccurate timing, too thin a film of blood, and improper storage of the Dextrostix. Substances in the blood such as uric acid and bilirubin can occasionally cause underestimation of glucose.

Fortunately, the Dextrostix more often under-estimates rather than over-estimates blood sugar. This is acceptable as a screening tool. However, an abnormally low blood glucose by Dextrostix should be checked by laboratory methods. Treatment should not be delayed until the results of the laboratory test are obtained. It would seem reasonable to consider any infant with a Dextrostix less than 40 mg % as having hypoglycemia, so further action should be implemented. Therapeutic modalities will be discussed later.

## SYMPTOMS AND SIGNS

Clinical manifestations of hypoglycemia (*Figure 2*) include apnea, cyanosis, jitteriness, limpness, high pitched cry, poor feeding, seizure, coma, sweating, irregular or rapid respiration. Essentially, any abnormal clinical finding in the newborn is compatible with hypoglycemia. Therefore, one should always include a Dextrostix or laboratory blood sugar test in the evaluation of any abnormal infant.

## CAUSES OF HYPOGLYCEMIA

There are a number of factors which predispose the newborn to hypoglycemia. The most common associations (*Figure 3*) include: infants of diabetic mothers, infants who are small for gestational age (below the 10th percentile for weight for that particular gestational age), infants who are large for gestational age, premature infants, infants with infection, infants with asphyxia, infants with low Apgars, infants with respiratory distress, infants with erythroblastosis, and those with hypothermia. Any sick infant is likely to develop hypoglycemia.

**FIGURE 2**

### Clinical Manifestations of Hypoglycemia

Apnea  
Cyanosis  
Jitteriness  
Limpness  
High pitched cry  
Poor feeding  
Seizure  
Coma  
Sweating  
Irregular respirations

**REMEMBER:** Whenever neonate acts sick **always** include blood sugar (Dextrostix®) in workup that is done immediately.

Some other less common causes or associations include intracranial hemorrhage, glycogen storage disease, inborn errors of metabolism (amino acid disorders), adrenal insufficiency, Beckwith-Wiedemann's syndrome (omphalocele, large tongue, hypoglycemia and macrosomia), pancreatic tumors such as islet cell tumors or neuroblastosis and, of course, idiopathic causes. Idiopathic hypoglycemia should be a rare diagnosis since it is usually an admission of ignorance.

To diagnose hypoglycemia before symptoms occur, it is important to remember which infants are suscep-

tible to hypoglycemia and to institute routine Dextrostix screening in all of these infants. The infants described above should have very frequent Dextrostix tests from the first hours of life. One Dextrostix per day is totally inadequate screening for infants at risk of hypoglycemia.

## TREATMENT OF HYPOGLYCEMIA

First consider infants with asymptomatic hypoglycemia. Hopefully, this will be the largest group of infants, because once symptoms occur, the risk for mortality and morbidity increases dramatically. Infants who have asymptomatic hypoglycemia should be fed as soon as possible if they can tolerate the feeding. If the infant is premature, with a poor suck, feeding is not appropriate and these infants should have an IV placed. However, if the infant has a good suck and is vigorous, then early feeding may be instituted with follow-up Dextrostix. Usually D<sub>5</sub>W or formula should be fed. D<sub>10</sub>W orally should be avoided since it is a hyperosmotic solution which may cause gastrointestinal disorders, especially in premature infants.

Preventive medicine is much better than therapeutic medicine. Symptomatic hypoglycemia should

**FIGURE 3**

### Cause of Hypoglycemia

#### A) Common causes:

Infants of diabetic mothers (IDM) (increased insulin)  
Infants small for gestational age (SGA)  
Infants large for gestational age (LGA)  
Prematures  
Sepsis, asphyxia  
Hyaline membrane disease (HMD)  
Erythroblastosis (hemolytic disease) (increased insulin)  
Low temperature  
Other sick newborns

#### B) Less common causes:

Intracranial hemorrhage  
Glycogen storage disease  
Inborn errors or metabolism (galactosemia, amino acid disorders, fructosemia)  
Adrenal insufficiency  
Beckwith syndrome (macrosomia, macroglossia, omphalocele)  
Pancreatic tumors (increased insulin)  
Idiopathic

**FIGURE 4**

**Treatment of Hypoglycemia**

- A) Prophylactic: In infants likely to develop hypoglycemia, feed early, if possible.
- B) Asymptomatic infants: If alert and sucking, begin feeding with D<sub>5</sub>W. If not sucking—start IV with D<sub>10</sub>W. Glucagon 1 mg. IM may be used as a temporary measure while attempting placement of an IV.
- C) Symptomatic infants:  
IV D<sub>10-25</sub>W 2-4 cc/kg IV push  
Then IV D<sub>10-15</sub>W 75-150 cc/kg/day by infusion pump to maintain normal Dextrostix.  
Always decrease IV glucose slowly in steps. Do not stop IV D<sub>15</sub> suddenly or hypoglycemia will probably occur.
- D) Intractable hypoglycemia:  
Occasionally steroids (Cortisone acetate 5 mg/kg/day in 3 divided doses) may be necessary if normal Dextrostix cannot be maintained with IV D<sub>15</sub>W or D<sub>20</sub>W 110-175 cc/kg/day.

almost always be prevented by screening high risk infants for hypoglycemia. Most infants who develop hypoglycemia will be in one of the high risk categories discussed above. If the infant is symptomatic with a Dextrostix less than 40 mg %, a blood sugar should be sent to the laboratory immediately. As soon as the blood sugar is sent (within a few minutes after the Dextrostix), an IV should be started in a peripheral vein and 2-4 cc/kg of D<sub>10</sub>W-D<sub>25</sub>W should be given over a few minutes. D<sub>10</sub>W to D<sub>15</sub>W should then be started by continuous intravenous drip through the peripheral IV. Usually 75-150 cc/kg/day are required. This should be given by a constant infusion pump to avoid dramatic fluctuations in the glucose level and the insulin level.

In some situations it may be very difficult to place a peripheral IV, or the physician may not be readily available. This can be handled in a number of ways.

- Nurses working in newborn nurseries may be trained at inserting peripheral IV's.

- If the infant is alert, active and vigorous with a good suck, early feedings may be instituted until an IV can be placed.

- Glucagon may be used as a temporizing measure to increase the blood sugar. However, in infants who have very low liver glycogen

stores, such as small for gestational age infants, glucagon is probably contraindicated. One milligram of glucagon may be given IM as a temporary measure until an IV needle can be inserted. Again, this is not a permanent mode of therapy but a temporizing one.

It is important to remember that even infants on IV D<sub>10</sub>W-D<sub>15</sub>W may still have hypoglycemia. Therefore, these infants should continue to have frequent Dextrostix monitoring even though they are receiving intravenous glucose.

Hyperglycemia must also be prevented while treating hypoglycemia. Hyperglycemia, especially in a premature infant, will result in an osmotic diuresis and possible dehydration. Any time an infant spills sugar in his urine, water is lost with the sugar. In addition to Dextrostix, all infants on IV glucose should have frequent (at least once per nursing shift) checks of their urine for glucose with a Diastix® (Ames Laboratory, Elkhart, Ind.). If these infants are spilling more than ½ grams % of glucose in their urine, the amount of glucose infused in the IV should be decreased. Osmotic diuresis secondary to hyperglycemia is especially common in infants under 1,500 grams.

If an infant has severe hypoglycemia, not responding to IV D<sub>10</sub>W or D<sub>15</sub>W at 110-175 cc/kg/day, further treatment will be nec-

essary. This may include placement of a central venous line in the inferior vena cava for administration of D<sub>20</sub>W. Refractory hypoglycemia may require steroid therapy, but this is extremely rare. If hypoglycemia persists more than 1-2 weeks, so that IV therapy or steroids are still required, then further metabolic workup such as insulin levels are indicated.

When decreasing the IV glucose, it is important to remember to decrease it slowly rather than abruptly. If D<sub>10</sub>W IV is stopped suddenly, rebound hypoglycemia may develop. If an infant is receiving IV D<sub>15</sub>W, this should be changed to D<sub>10</sub>, then to D<sub>5</sub> and the rate gradually decreased to a "keep open rate" before the IV is discontinued.

## PROGNOSIS

Infants who have seizures secondary to hypoglycemia have a fairly poor prognosis with as high as 50% having permanent neurologic damage. Infants who have asymptomatic hypoglycemia or jitteriness secondary to hypoglycemia but no seizures have an excellent prognosis. This should be a clear message to everyone that symptomatic hypoglycemia, or at least seizures from hypoglycemia should never occur. Those infants who are predisposed to hypoglycemia should have frequent Dextrostix monitoring and early treatment before seizures occur. This will prevent any permanent neurologic damage.

A videotape program, "Neonatal Hypoglycemia and the Infant of the Diabetic Mother," is available for loan (free to Indiana hospitals, physicians, nurses, etc.) or purchase from:

Medical Educational Resources Program (MERP)  
Indiana University School of Medicine  
1100 West Michigan Street  
Indianapolis, Indiana 46202

Correspondence and requests for reprints: Richard L. Schreiner, M.D., Department of Pediatrics, Indiana University School of Medicine, 1100 W. Michigan St., Indianapolis 46202.

# The Treatment of Hyponatremia

M. A. RAHMANY, M.D.  
East Chicago

Since in 100 parts of serum, 93 parts is water and seven parts is solid (lipids and protein), the concentration of sodium in the aqueous phase will rise to 152 mEq/L of serum water. This point is important when investigating the cause of hyponatremia.

←----- Na = 140 mEq/L -----→

◀ Na = 152 mEq/L ▶

93 PARTS WATER	7 PARTS SOLID (LIPIDS & PROTEIN)
----------------	--

←----- 100 PARTS SERUM -----→

Since the availability of flame photometry and frequent determinations of serum ions, a variety of electrolyte imbalances have been encountered.

One of these disorders is hyponatremia, or serum sodium concentration below 135 mEq/L (normal = 135-145 mEq/L; average value 140 mEq/L). As shown above, the concentration of the ion is expressed in one liter of serum as opposed to one liter of serum water.

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A copy of the references pertaining to this paper may be obtained by writing THE JOURNAL, 3935 N. Meridian St., Indianapolis 46208.

Hyponatremia is referred to as a hypo-osmolal state. Normal serum osmolality is maintained at  $290 \pm 5$  mosmol/kg serum water.<sup>1</sup> In an ideal condition, sodium and its anion contribute about 280 mosmol/kg serum water while glucose (blood glucose 100 mg/dl) gives 5.5 mosmol, and urea with a blood level of 15 mg/dl contributes 5.3 mosmol.

A variety of abbreviations have been used to express concentration of a solute. The ones used in this paper will correspond with those listed as "new" in the following:

FULL NAME	OLD	NEW
mole	M.	mol.
osmole	Osm.	osmol.
milliosmole	mOsm.	mosmol.

Osmolality is an expression of the number of particles in a given weight of solvent,<sup>2</sup> the nature of the particles (size, shape or weight) being immaterial. For instance, one molecule of albumin with a molecular weight of 68,000 in one kilogram of water gives exactly the same osmotic activity as does one molecule of glucose with a molecular weight of 180 to that water (unionized substances). And one osmol is the presence of  $6.023 \times 10^{23}$  particles in a kilogram of water.

Osmolality can be determined by different methods in the clinical laboratory. The most convenient determination is obtained by freezing point depression, which gives a true reflection of change in osmolality.

This value can also be estimated by doubling the serum sodium level in mEq/L.<sup>3</sup> A better approximation is made by employing the following formula:

serum osmolality =  $2(\text{Na}^+) \text{ mEq/L} +$

$$\frac{\text{glucose mg/dl}}{18} + \frac{\text{BUN mg/dl}}{2.8}$$

Calculated osmolality of plasma by any method is usually lower than the determined osmolality; this is because of osmotically active substances which are not considered in

the formula, yet can be measured in the laboratory. Comparison of the two values normally leaves a gap of about 10 mosmol per kilogram  $H_2O$ :

determined osmolality—calculated osmolality = 10 mosmol/kg  $H_2O$

Calculation of the osmolar gap is helpful in determining the cause of osmolar abnormalities as in the investigation of the cause of hyponatremia.

## CLINICAL MANIFESTATIONS OF HYPONATREMIA

The clinical manifestations of hyponatremia are those of water intoxication—shift of ECF (hypo-osmolar state) into the cell (relatively hyperosmolar state). In particular, neurological manifestations correlate well to net gain of brain water versus loss of brain electrolyte content.<sup>4</sup> Most patients with acute (less than 12 hours) hyponatremia (plasma  $Na \sim 113$  mEq/L) manifest substantial depression of sensorium, seizure activity and significant mortality. The morbidity and mortality of acute hyponatremia can occur, at least in part, by delaying treatment.

On the other hand, in patients with chronic hyponatremia, the symptomatology is usually insidious and non-specific, and often occurs in the presence of serious illness.

Treatment of hyponatremia with cerebral symptoms needs elevation of serum sodium to a level of 125 mEq/L with 3% or 5% saline solution with or without furosemide. Full correction need not and should not be carried out rapidly because of the osmolar shift. By the following formula, one can calculate the amount of sodium in mEq/L needed to raise the present serum sodium to a desired level:

(Desired Na Conc.—Initial Na Conc.)  $\times$   
0.5 (pt. body wt. in kg)  
mEq/L of Na needed

## CLASSIFICATION OF HYPONATREMIA

There are several schema to classify hyponatremia, but the simplest of all is to divide these patients with hyponatremia into two classes:

- I Those patients with edema: CHF, cirrhosis, nephrotic syndrome, renal failure and psychogenic polydipsia.
- II Those patients without edema: volume depletion, syndrome of inappropriate antidiuretic hormone (SIADH), adrenal insufficiency, pseudohyponatremia Type I (too much protein and lipid) and Type II (too much osmotically active non-sodium solution) and diuretic induced.

### Class I Hyponatremia

Class I is more common than Class II hyponatremia except in patients who are compulsive water drinkers. The basic pathophysiology of hyponatremia in cirrhosis, nephrotic syndrome and CHF is very similar. All can be summarized as a group:

Impaired water clearance<sup>5,6</sup> due to reduced delivery of filtrates to the distal diluting side secondary to:

- augmented reabsorption of Na in proximal tubule (a secondary response as compared to volume depletion with a primary response<sup>7</sup>);
- decreased Na filtrate secondary to preexisting hyponatremia and/or decreased GFR;
- inappropriate secretion of ADH;<sup>8</sup>
- potassium depletion for whatever cause (diuretics, diarrhea, secondary hyperaldosteronism) will be partially compensated by a shift of extracellular Na into the cell (Sich-Cell Hypothesis<sup>9</sup>), and correction of hyponatremia by administration of KCl is a supportive evidence.<sup>10</sup>

In cirrhosis with ascites, Dr. Vincente Arroyo, *et al.*,<sup>11</sup> has demonstrated that hyponatremia per se is no longer considered a poor prognostic sign unless renal function impairment coexists.

Hyponatremia in renal failure is also produced by impaired free water clearance. But the predominant limiting factor will vary slightly

with the stage of the disease, which will be discussed briefly:

Renal failure is characterized by an inability both to conserve sodium and to excrete maximal quantities of salt. In oliguria, i.e., acute tubular insufficiency, the limiting factor for water excretion is marked reduction in GFR. During the oliguric phase of acute renal failure, dilutional hyponatremia will regularly occur if fluid intake is not adequately restricted. Because the net loss of water from lungs and skin is probably around 500 ml/24 hours, and particularly if severe oliguria or anuria is present, administration of significantly more than this quantity (about 1,200cc) will produce over hydration and hyponatremia within a short time.

In sufficiently advanced CHF, regardless of cause, impaired diluting ability is due to a decrease in the number of functioning nephrons. The consequent increase in filtered load of solute per remaining nephron leads to reduced fractional reabsorption of sodium. When salt intake is restricted, salt depletion can occur.

Water intoxication is occasionally seen in patients who have been urged to ingest large quantities of fluid in an effort to increase urine volume and thus promote urea excretion. Such an attempt, even though it may produce a slight reduction in urea, has little clinical effect and can be hazardous.

In terminal chronic renal disease with oliguria, as in acute renal failure, the limiting factor for water clearance is severely reduced GFR. Ingestion of water to excess of capacity of water clearance can cause a positive water balance and hyponatremia.

Psychogenic polydipsia, exceeding the tubular reabsorptive capacity, will lead to a positive water balance, hyponatremia and maxi-

mally dilute urine. When hyponatremia is severe, and signs of water intoxication are present, infusion of hypertonic saline and a search for additional causes of hyponatremia such as volume depletion, for example, seems in order.

Milder causes can be treated by water restriction, salt intake and correcting the basic psychic illness.

## Class II Hyponatremia

Class II hyponatremia constitutes the smaller number of patients with hyponatremia because of variable factors involved. A brief review of each condition follows:

1) **Volume depletion:** Except for blood loss in other forms of volume depletion (diarrhea, vomiting, sweating) both salt and water are lost, and most of the time water loss exceeds the proportionate Na losses. For this reason, the initial event would be a hyperosmolal state and hypovolemia. Hyperosmolality through osmoreceptor and hypovolemia through angiotensin II and subfornical organ initiates the thirst mechanism, and as a result, the patient usually ingests fluids that are more hypotonic than the fluids he has lost; therefore, he becomes hyponatremic. This mechanism is one part of the explanation; the other rests on the kidney response and ADH regulation.

The kidney response to hypovolemia is decreased GFR, increased proximal reabsorption (primary response)<sup>7</sup> and decreased delivery of Na and water to the distal nephron, causing relatively concentrated urine.

On the other hand, by a variety of mechanisms, particularly acute volume depletion,<sup>12</sup> hyperosmolality<sup>13</sup> and hypotension,<sup>12</sup> ADH is released. This causes additional water reabsorption in the collecting system, causing hyponatremia. It should be mentioned that hyponatremia

in these patients is usually mild, and the clinical picture of hypovolemia will predominate. Expansion of volume by saline will usually correct hyponatremia.

2) **Diuretic induced hyponatremia** cannot be accounted for by sodium loss and water retention.<sup>14</sup> Entry of extracellular sodium into the potassium depleted cell (Sich-Cell Hypothesis<sup>15</sup>) is held responsible for hyponatremia. However, an interplay of factors as follows seems more reasonable:

- excessive ADH release;
- thirst stimulation with inappropriate water ingestion;
- increased tubular sensitivity to endogenous ADH.<sup>16</sup>

3) **Hyperglycemia:** Previous studies of hyponatremia in hyperglycemic individuals without considering metabolic implications of hyperglycemia had shown a decrease of 1.6 mEq/L of Na for each 100 mg/dl of glucose above normal.<sup>17</sup> However, lately it has been shown that in a 70 kg individual, 21.64 L of ICF water can—and 4.41 L of ICF water cannot—maintain glucose osmotic gradient (tissue sensitivity and tissue insensitivity to insulin respectively<sup>18</sup>). With these considerations, the calculated reduction in mEq/L of Na for each 100 mg/dl of glucose above normal will be 1.35 mEq/L<sup>19</sup> instead of 1.6<sup>17</sup>. This metabolic factor is critical in prevention of brain swelling.

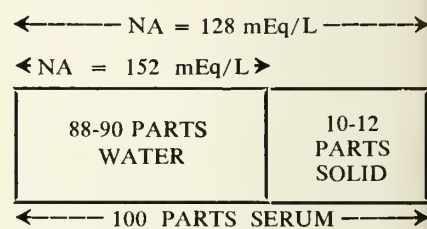
4) **Adrenal insufficiency** is characterized by defective water clearance, the mechanism of which is a subject of debate, i.e., decreased hepatic inactivation of ADH vs. increased secretion of ADH. The most acceptable explanation is a reduction in GFR, leading to reduced Na filtration and defective water excretion which can only be corrected by cortisol administration.

Mineral corticosteroids improve GFR by restoring plasma volume,

but this increase as compared to the above is much less. On the other hand, the absence of glucocorticoids can cause an increased reabsorption of water in the absence of ADH.

Adrenal insufficiency should not be confused with salt losing nephritis<sup>20</sup> in which a preponderance of GFR over tubular reabsorption leads to salt wasting. Treatment of this syndrome may require large volumes of salt and water.

5) **Pseudohyponatremia** occurs when solids (protein and lipids) accumulate in abnormal quantities in the serum and reduce the water compartment, as shown below:



In these instances, hyponatremia with normal determined serum osmolality, reduced calculated osmolality and increased osmolar gap indicate a decrease in serum water and may focus attention on possible causes such as multiple myeloma<sup>21</sup> and hyperlipoproteinemia, each of which require specific treatment.

6) **SIADH:** This syndrome was first described by Schwartz' group in 1957.<sup>22</sup> The essential criteria to diagnose this syndrome are as follows:

- hyponatremia with hypo-osmolality of serum and extracellular fluid;
- urine that is less than maximally diluted;
- inappropriately large amounts of urinary sodium, even during water loading;
- normal renal and adrenal function;
- no clinical evidence of volume depletion (normal skin turgor and blood volume);
- absence of clinical edema;
- disappearance of all abnormalities following adequate restriction of water.

Release of ADH occurs in response to a number of osmotic and non-osmotic stimuli, shown briefly in the following:

#### INCREASED ADH

- Increased blood osmolality;<sup>13</sup>
- Acute decrease in blood volume;<sup>12</sup>
- Pain, stress, emotional influence;
- Exercise;
- Some medication;
- Acute hypotension.<sup>12</sup>

#### DECREASED ADH

- Decreased osmolality;
- Increased left arterial presence;
- Ethyl alcohol.<sup>23,24</sup>

The site of action of ADH at the cellular level is mediated through cyclic AMP. The mechanism of hyponatremia in SIADH is described as urine sodium loss or plasma dilution. The study of Michael Kaye<sup>25</sup> points to another likely pos-

sibility of missing sodium from extracellular into the cellular compartment. Whatever the mechanism, several disorders are known to produce the SIADH. The following outlines some of those associated disorders:

#### CLINICAL CONDITIONS ASSOCIATED WITH SIADH

- **Malignancy:** carcinoma of bronchus, pancreas, duodenum, thymus, prostrate lymphosarcoma.

- **Pulmonary disease:** bacterial pneumonia (adults <sup>27,28</sup> children <sup>29,30</sup>), tuberculosis, lung abscess, fungal infection, respiratory distress syndrome.<sup>31</sup>

- **Cerebral conditions:** head trauma, meningitis-tuberculous and bacterial, herpes simplex encephalitis,<sup>32</sup> brain tumors, aneurysms, acute polyneuropathy.

- **Drugs:** chlorpropamide,<sup>34</sup> tolbutamide, biguanides, vincristine, cyclophosphamide, carbamazepine, clofibrate, ace-

taminophen, diuretics, diazoxide, polymyxin B, thiothrixin,<sup>35</sup> isoproterenol (in dogs<sup>36</sup>), and oxytocine.<sup>37,38</sup> **MAYBE:** morphine, acetylcholine, ferritine and nicotine.

- **Myxedema**

- **Miscellaneous:** acute intermittent porphria, Guillain-Barre syndrome, surgical stress, anesthesia, assisted respiration and Sic-Cell Syndrome.<sup>39</sup>

#### SUMMARY

Treatment of hyponatremia in SIADH, besides correction of associated disorders, requires fluid restriction. However, this takes several days. When urgent treatment is needed, use of furosemide and DOCA as well as hypertonic saline have been claimed as effective in 24-36 hours,<sup>40</sup> but the use of furosemide with replacement of urinary electrolytes losses has been shown to be an effective method.<sup>41</sup>

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## ABSTRACT

Theophylline alone should not be used exclusively in the control of chronic asthma. Many patients become mentally sluggish on high dose theophylline therapy. Theophylline produces cerebral vasoconstriction and a decreased oxygen tension of the brain. Ephedrine produces cerebral vasodilation and an increased oxygen tension of the brain. Properly controlled studies demonstrate that theophylline and ephedrine do act synergistically. Ephedrine in proper dose added to high dose theophylline therapy does not increase adverse reactions and is helpful even in the severe asthmatics. By using drug combinations, because of their synergism, smaller doses can be effective with much less risk of adverse reactions.

IRVIN CAPLIN, M.D.  
JOHN T. HAYNES, M.D.  
Indianapolis

# A Re-Evaluation of Ephedrine/Theophylline Combinations in the Treatment of Asthma

*"What is new is not necessarily good.  
What is old is not necessarily bad."*

**W**e believe the present trend toward the routine use of theophylline alone without ephedrine in the treatment of asthma is based upon an unsound premise (to be explained later) and has done much harm to patients. The dictum "*Primum non nocere*" is not being heeded.

Too much thought is given to treating asthma by pulmonary function testing and theophylline blood levels. Although these are important and worthwhile, we must ask ourselves what is going on with the patient in the meantime? What is not considered is that theophylline produces cerebral vasoconstriction

and a reduced oxygen tension of the brain.<sup>1</sup> We are alarmed by the children we have seen who, on therapeutic doses of theophylline, were having personality problems resulting in difficulty at school and at home. The fact that ephedrine, to the contrary, produces vasodilation of the cerebral vessels and an increased oxygen tension in the brain,<sup>1</sup> warrants consideration of the use of both drugs together and a critical re-evaluation of the present trend.

It seems that three articles have led to this present trend. Two are Weinberger and Bronsky's<sup>2</sup> article in the 1974 issue of the *Journal of Pediatrics*, and Weinberger's article<sup>3</sup> in the February 1975 issue of the *Pediatric Clinics of North America*. A third article, by Weinberger and Riegelman in an editorial,<sup>4</sup> stated that ephedrine is not effective in severe asthma and that theophylline given as a single drug is better with less risk of side effects.

Let us critically review the article by Weinberger and Bronsky first. Twelve patients, 6 to 12, all of whom were in-patients at the Jewish National Hospital in Denver, were treated with the following drug regimens in a double blind manner:

1. Placebo every six hours for one week.

2. Ephedrine 1.3 mgm to 2.1 mgm per kilogram per dose every six hours.

3. Aminophyllin 6.3 mgm to 10.7 mgm per kilogram per dose every six hours.

4. A combination of 2 and 3, i.e., a high dose of ephedrine and aminophyllin.

5. One half the dose of ephedrine and aminophyllin used in #4. Each group was treated for one week with the five different drug regimens.

## ADDITIONAL TREATMENT

When symptoms were not controlled, isoproterenol nebulization, followed by injections of ephedrine if needed, were given to patients.

The authors, diplomates of the American Board of Allergy & Immunology, are associate clinical professors with the Department of Pediatrics, Indiana University School of Medicine.

Hydroxyzine, mgm 25, was used whenever minor side effects from ephedrine were encountered. The study was continued on that patient only after a six-hour asymptomatic period.

## CRITICAL ANALYSIS OF RESULTS

Certainly, it was demonstrated that high doses of theophylline were effective in the patients studied. What patients were studied? All were in-patients at the Jewish National Hospital in Denver where one hospitalizes only severe intractable asthmatics. The authors themselves admit that there might be possible benefits of ephedrine added to theophylline therapy in selected patients. Thus, we have a study done on a select group of severe asthmatics.

Tinkleman and Avner<sup>5</sup> studied 16 children, ages 7 to 13, at the same institution. All had good therapeutic blood levels of 13.7 mcg to 27.00 mcg per ml of theophylline. In a double blind study, either placebo or 25 mgm of ephedrine every eight hours was added. Forced expirations volume in one second (F.E.V.<sub>1</sub>) and peak expiratory flow rates (P.F.R.) were measured in 30 minutes, one hour, two hours, three hours, four hours, five hours, and six hours after ephedrine was given. They concluded that ephedrine was indeed a potent bronchodilator when added to a regimen of patients on therapeutic doses of theophylline. There was no increased toxicity and no development of tolerance even though the dose given to these children was 25 mgm of ephedrine, the usual adult dose.

In criticizing Weinberger and Bronsky's results, they noted that pulmonary function was measured by the latter two every eight hours. Thus, many of the measurements

were made two, four, and six hours after the drugs were administered. Since there are diminishing bronchodilator effects of both ephedrine and theophylline six hours after their administration, many of their readings had to be taken after the bronchodilator effects had been dissipated. This would account for the limited (not absent) bronchodilator effects reported with ephedrine.

In all groups studied, isoproterenol nebulization was required. This alone could invalidate the study. Paterson, *et al*<sup>6</sup> described a metabolite of nebulized isoprenaline, 3-methoxyisoprenaline, which is a beta adrenergic receptor antagonist. They felt this could cause a deterioration in the asthmatic and be the cause of increased morbidity and mortality in chronic users. We have shown,<sup>7</sup> as have others,<sup>8,9,10</sup> that nebulized adrenergic medication complicates the care of the asthmatic and may be a factor in the increased death rate among asthmatics.<sup>7,10</sup> Palmer and Diamant<sup>11</sup> demonstrated that, although isoprenaline inhalations increase the F.E.V.<sub>1</sub>, the PaO<sub>2</sub> is not increased and in many instances the hypoxemia does increase. We have proposed<sup>7</sup> that this might be the result of a diffusion block in addition to the beta adrenergic receptor system blockade. Eisenstadt and Nelson<sup>8</sup> coined the term "bronchitis medicamentosa," which is similar to the rhinitis medicamentosa from nose drops and nasal sprays. We have literally uncomplicated our asthmatic population by the simple expedient of discontinuing the use of nebulized medications in their treatment. Hospitalization is now rarely required.

We have also noted that a severe asthmatic who is not relieved by fluids and injections of epinephrine is almost without exception using nebulized adrenergic medication either by pressurized aerosols, hand

bulb nebulization or by mist producing power driven machines. So frequently have we seen this over the past 20 years that, in our opinion, it is no longer anecdotal, although we have done no statistical analysis of this observation.

In Weinberger's subsequent article<sup>3</sup> all patients studied were using isoproterenol nebulization in addition to ephedrine and theophylline. In spite of this, he states and demonstrates, "While the effect on pulmonary function among 23 nonsteroid dependent asthmatic children at a residential treatment center was significantly greater on the average during one week on ephedrine compared with a similar period of time on placebo, the effect on symptoms was small." This is in severe asthmatics on nebulized isoproterenol. His article also demonstrates that patients on theophylline had not only a decrease in symptoms when ephedrine was added to the theophylline therapy, but almost a 50% decrease in the necessity to "assist" therapy with isoproterenol nebulization. Although a counteraction of the cerebral vasoconstriction produced by the theophylline would be sufficient reason to add ephedrine, it does more than this. It also synergistically enhances bronchodilation even in the severe asthmatics studied by Weinberger and Bronsky<sup>2,3</sup> and Tinkleman and Avner.<sup>4</sup>

The usual accepted dose of ephedrine in adults is 25 mgm every 4-6 hours. Pickup *et al*<sup>11</sup> have demonstrated that ephedrine plasma levels dose for dose are reliable and similar from patient to patient. Ephedrine does not demonstrate the wide range of destruction and/or excretion rates seen with theophylline. In the high dose schedule used by Weinberger and Bronsky,<sup>2</sup> up to 2.1 mgm of ephedrine per kilogram was administered every eight hours. A 70 kilogram man (154 pounds)

would be receiving 147 mgm of ephedrine. The usual adult dosage of ephedrine is approximately 25 mgm. The patients in their study were receiving approximately six times the accepted dose. One would certainly expect side effects to be severe and numerous; as Pickup *et al*<sup>11</sup> have demonstrated, ephedrine plasma levels are predictable dose for dose and from patient to patient. Yet Whitsett<sup>12</sup> found no evidence of inotropic or chronotropic effect following 50 mgm doses of ephedrine. He did describe tremors in patients on large doses of albuterol, a Beta-2 agonist.

When Chen and Schmidt<sup>13,14</sup> first introduced ephedrine in 1925 and 1930, they recommended its use in the prevention of asthma and the treatment of mild attacks of asthma. They did not recommend it for severe asthma. However, besides increasing the oxygen tension of the cerebral tissues, it acts synergistically with theophylline to produce bronchodilation. Falliers and Katsampes<sup>15</sup> demonstrated that either theophylline mgm 130 or ephedrine mgm 24, given one hour before exposure to nebulized pollen antigens, was quite effective in preventing bronchial obstruction in children. There was a marked synergism when the two drugs were given together with over a fourfold reduction in bronchial resistance compared to either drug given alone. There were no appreciable side effects.

Weinberger and Bronsky also used hydroxyzine mgm 25 to alleviate side effects produced by ephedrine and/or theophylline. As shown by Chodosh and Doraiswami,<sup>16</sup> Alanko, Lahdensuo, and Matilla,<sup>17</sup> hydroxyzine not only reduces side effects but causes further bronchodilation, which again would alter the conclusion reached. Indeed, one of the figures (Figure 2) in Wein-

berger's<sup>3</sup> article graphically demonstrates that patients had fewer symptoms with a combination of theophylline and ephedrine than when on theophylline alone. When hydroxyzine was added to the ephedrine and theophylline mixture, there was a further reduction in the symptoms of asthma. This speaks well for the use of drug combination in asthma. This would especially hold true for the milder asthmatics.

Alanko, Lahdensuo, and Matilla<sup>17</sup> state after their study, "In the present study, the same ephedrine combination did differ highly significantly from salbutamol ( $F=61.87$ ) suggesting that the 'old-fashioned' ephedrine combinations are still valid and can even outweigh pure Beta-2 agonists in the symptomatic treatment of out-patients." The mixture used was ephedrine sulfate 25 mgm, hydroxyzine 10 mgm, and theophylline 130 mgm. Again, what is new is not necessarily good, and what is old is not necessarily bad.

## DISCUSSION

Ideally, asthma should be treated by removing the causative factors (inhalents, foods, and trigger mechanisms) insofar as is possible. If the cat is sent to a new home, the bedding enclosed in plastic, the bedroom air-conditioned to reduce the pollen and mold load, and foods such as milk and chocolate are removed from the diet, there may be such an improvement in the disease that symptomatic therapy is required only on occasion. This is supplemented by injection therapy with dust, pollens and molds when indicated. Symptomatic care is certainly important but should be preceded by avoidance and injection therapy.

If proper avoidance and injection therapy are instituted, symptomatic care usually is needed only on occasion. If medication is required round-the-clock, we must ask our-

selves if we are missing something. Paint, smoke, animal danders, perfume, common foods, or pollens? We believe this is the proper approach to the care of the asthmatic rather than round-the-clock therapy, especially with theophylline alone. Theophylline is indeed a useful drug especially when there is blockage of the beta adrenergic receptor system. By its action upon phosphodiesterase, the cyclic adenosine mono-phosphate (C.A.M.P.) level of the mast cell is kept at a high level. The release of chemical mediators is thus prevented or reduced and asthma improves. However, the use of ephedrine and theophylline together results in a synergism greater than the sum total of each drug alone. This has a threefold advantage:

- Smaller doses of each drug will be required.

- There is much less chance of toxicity.

- The cerebral vasodilation produced by ephedrine with its increased oxygen tension of the cerebral tissues may counteract the vasoconstriction of the cerebral vessels and decreased oxygen tension of the brain produced by theophylline.

Hydroxyzine or a similar drug can be added to decrease the likelihood of side effects and further enhance the overall bronchodilatation.

Certainly ephedrine alone, theophylline alone, their combination and the addition of hydroxyzine all will help relieve an attack of asthma more rapidly. We say more rapidly relieve because almost without exception, attacks of asthma are self limited. We often forget this. If a patient sits in a chair, drinks water at room temperature or hot coffee, the attack usually subsides if the cause is eliminated and sometimes even when it is not eliminated. A patient may have asthma only in the ragweed season and only at night in the prone position. After he awakens

and goes about his business, the attack subsides (without medication) only to recur the next night during sleep. Death from asthma was almost unheard of before we had so many wonderful symptomatic drugs with which to relieve asthma. In good conscience, we must ask ourselves if we are producing iatrogenic problems. "*Primum non nocere.*"

There are some patients who become extremely nervous from either ephedrine or theophylline. There are many who are nauseated and vomit from theophylline. In these patients one may have no choice but to use single drug medication.

## CONCLUSION

- Theophylline alone should not be used exclusively in the control of chronic asthma.

- Ephedrine in proper dosage, added to theophylline therapy, does not increase side effects.

- The synergistic action of the two drugs will allow for better control with smaller doses of each drug. This will result in less toxicity.

- The increased oxygen tension of the cerebral tissues produced by ephedrine may help counteract the reduced oxygen tension produced by theophylline. This should help us avoid the mentally sluggish patients who are seen when high dosage theophylline is used alone.

- Drug combinations allowing a patient to take only one tablet or

one liquid instead of two or three will result in better compliance and economy. The addition of a preparation such as a barbituate or hydroxyzine will not only lessen side effects, but hydroxyzine enhances bronchodilatation. Thus, fixed drug combinations are helpful and one can certainly add theophylline to these, if needed, rather than use theophylline alone.

- Proper avoidance and proper injection therapy are primary in the care of an asthmatic. This will nearly always lessen the allergic load and reduce the drug intake needed to control asthmatic symptoms.

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Novice and advanced courses in the identification of edible, poisonous and hallucinogenic mushrooms, the treatment of such poisoning, and microscopy, will be offered during an AMA Category 1 conference Aug. 13-18 in Aspen, Colo. Contact Beth Israel Hospital, 1601 Lowell Blvd., Denver 80204.

## Kentucky CME Courses

The University of Kentucky College of Medicine has slated the following continuing medical education courses, all of which will be conducted in Lexington:

- Cardiology for the Practicing Pediatrician, May 25-26.
- Fiberoptic Bronchoscopy: A Workshop, June 2-3.
- Wangenstein Symposium on Surgical Management of Visceral and Breast Cancer, June 8-10.
- Fluid and Electrolyte Balance Made Simple, Oct. 27-28.

For further information on credit hours and fees, write Frank R. Lemon, M.D., Continuing Education, College of Medicine, University of Kentucky, Lexington, Ky. 40506.

## Colorado CME Courses

The University of Colorado School of Medicine's Office of Postgraduate Medical Education has announced the following schedule for this summer and fall.

- Family Practice Review, June 12-17, Oct. 16-21, Denver.
- Orthopedics and Physical Fitness for the Family Physician, June 24-28, Aspen.
- Practical Neurology for the Internist and Family Physician, July 2-5, Aspen.
- Disorders of Fluid and Electrolyte Metabolism, July 5-8, Aspen.
- Internal Medicine, July 10-14, Estes Park.
- Pediatric Gastroenterology, Aug. 21-24, Aspen.
- Hospital Medical Staff Conference, Sept. 25-28, Vail.

Registration fees and other details may be obtained by writing to the school, at 4200 E. Ninth Ave., Denver 80262.

## Second District to Meet May 25

"The Constitutional Right to Practice Medicine" will be the theme of the Second District Medical Society's annual meeting in Bloomington May 25. Dr. Hugh Ramsey, president, has issued an open invitation to all ISMA members to attend.

## Clinical Nutrition

The First Annual Advanced Course in Clinical Nutrition will be held June 15-17 at the Regency Hyatt-O'Hare, Chicago, under the sponsorship of the American Society for Parenteral and Enteral Nutrition. Write to the Society at 6900 Grove Road, Thorofare, N.J. 08086.

## Three Humanities Seminars

The National Endowment for the Humanities has announced seminars for physicians and other health care professionals for this summer and early fall. From 12 to 15 persons attend each seminar tuition-free and receive a stipend of up to \$1,200 and travel expenses. Three seminars are open to physicians: July 2-28, July 17-Aug. 11, and Sept. 11-Oct. 6. For applications and information, write to Professions Program, Fellowships Division, National Endowment for the Humanities, Washington, D.C. 20506.

## Postgraduate Surgical Course

"Common Surgical Problems" will be the subject of a postgraduate course at Northwestern Medical School June 15 and 16. Write to Alumni Center for Continuing Education, 301 E. Chicago Ave., Chicago 60611.

## AMA Annual Convention

The American Medical Association will hold its 127th annual convention June 17-21 in St. Louis. For information, write Dept. of Meeting Services, American Medical Association, 535 N. Dearborn, Chicago 60610.

## Nuclear Medicine Meeting

The Second International Congress of the World Federation of Nuclear Medicine and Biology will be held in Washington, D.C. Sept. 17-21. For details write to the Administrative Secretariat, 1629 K St., N.W., Suite 700, Washington, D.C. 20006.

## Care of the Child With Cancer

The National Conference on the Care of the Child with Cancer, sponsored by the American Cancer Society, will be held Sept. 11-13 at the Sheraton-Boston Hotel in Boston. The program will cover problems encountered by the patient and the family. Attendance is open to all members and students of the medical, nursing and related health professions. There is no registration fee. Write Sidney L. Arje, M.D., 777 Third Ave., New York City 10017.

## Menninger Foundation Workshops

Workshops for "Physicians and Their Families" will be held in Estes Park, Colo., June 18-23 and Aug. 13-18. Sponsored by the Menninger Foundation, the workshops are designed to reacquaint the physician with family dynamics and the stages families go through in their growth. The AAFP approves this for 25 prescribed hours and the AMA gives 25 hours credit in Category I. For particulars write Erwin T. Janssen, M.D., The Menninger Foundation, Box 829, Topeka, Kan. 66601.

# TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSURE **DYAZIDE®**

Each capsule contains 50 mg. of Dyrenium® (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

## MAKES SENSE

Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

### Warning

This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

**Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

**Contraindications:** Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

**Warnings:** Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum  $K^+$  levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict  $K^+$  intake. Associated widened QRS complex or arrhythmia requires prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

**Precautions:** Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids).

Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum  $K^+$  frequently; both can cause  $K^+$  retention and elevated serum  $K^+$ . Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis.

'Dyazide' interferes with fluorescent measurement of quinidine.

### Adverse Reactions:

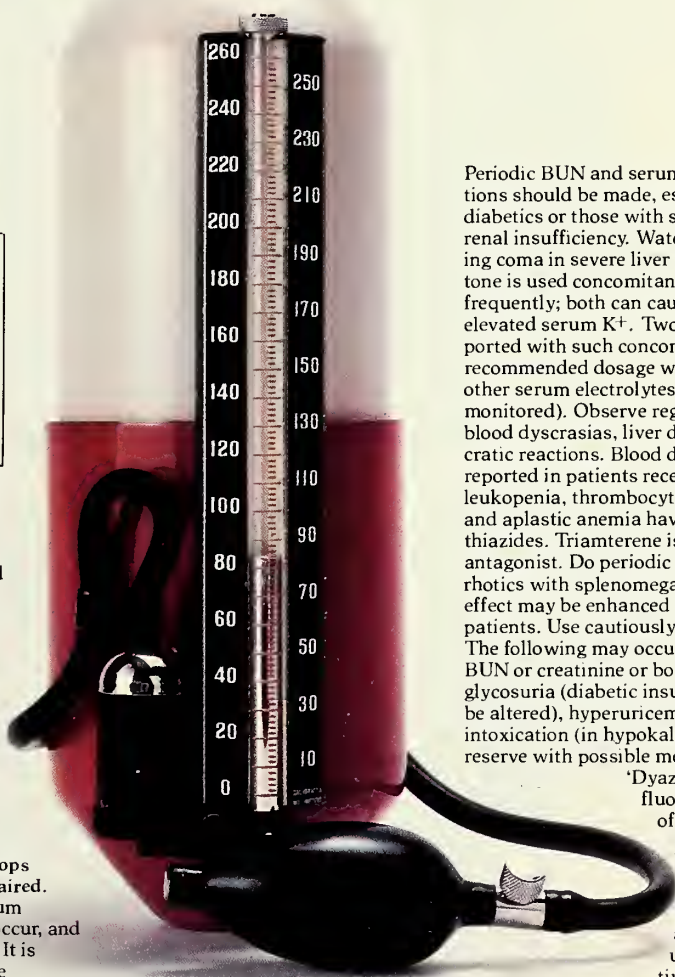
Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions;

nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

SK&F CO., Carolina, P.R. 00630

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**FOR LONG-TERM CONTROL  
OF HYPERTENSION\*  
SERUM  $K^+$  AND BUN SHOULD  
BE CHECKED PERIODICALLY.  
(SEE WARNINGS SECTION.)**

# *Clinical experience & continuing confidence*

KAON® ELIXIR was introduced in 1954, followed by KAON® TABLETS in 1963. Decades of clinical experience indicate acceptability, effectiveness, and safety in the majority of patients; should abdominal pain occur, therapy should be discontinued. Both have been taken by patient after patient, day after day, year after year, to correct potassium deficiencies. Both have consistently demonstrated their value when diet alone is inadequate for potassium replacement.

## **Kaon® Elixir** (potassium gluconate) **Kaon® Tabs** (potassium gluconate)

### BRIEF SUMMARY

#### **Kaon Tablets/Kaon Elixir**

#### **KAON® (potassium gluconate) TABLETS**

**Description:** Each sugar-coated tablet supplies 5 mEq. of elemental potassium (as potassium gluconate 1.17 Gm.). Kaon Tablets are sugar coated, not enteric coated, which favors dissolution in the stomach and absorption before reaching the small intestine where the lesions with enteric potassium chloride have occurred. The sugar coating merely adds to palatability and ease of swallowing, not to delay absorption as does the enteric coating.

**Indications:** Oral potassium therapy for the prevention and treatment of hypokalemia which may occur secondary to diuretic or corticosteroid administration. It may be used in the

treatment of cardiac arrhythmias due to digitalis intoxication.

**Contraindications:** Severe renal impairment with oliguria or azotemia, untreated Addison's disease, adynamia episodica hereditaria, acute dehydration, heat cramps and hyperkalemia from any cause.

**Warning:** There have been several reports, published and unpublished, concerning nonspecific small-bowel lesions consisting of stenosis, with or without ulceration, associated with the administration of enteric-coated potassium tablets alone or when they are used with nonenteric-coated thiazides or certain other oral diuretics. These small-bowel lesions have caused obstruction, hemorrhage and perforation. Surgery was frequently required and deaths have occurred. Available information tends to implicate enteric-coated potassium salts, although

lesions of this type also occur spontaneously. Therefore, coated potassium-containing formulations should be administered only when indicated and should be discontinued immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occur. Coated potassium tablets should be used only when adequate dietary supplementation is not practical.

**Precautions:** In response to a rise in the concentration of body potassium, renal excretion of the ion is increased. With normal kidney function, it is difficult, therefore, to produce potassium intoxication by oral administration. However, potassium supplements must be administered with caution, since the amount of the deficiency or daily dosage is not accurately known. Frequent checks of the clinical status of the patient, and periodic ECG and/or serum potassium levels should be made. High serum concentra-

*Time is  
the test of  
all things*



ons of potassium ion may cause death through  
rdiac depression, arrhythmias or arrest. This  
ug should be used with caution in the presence  
cardiac disease.

In hypokalemic states, especially in patients  
a salt-free diet, hypochloremic alkalosis is a  
possibility that may require chloride as well as  
potassium supplementation. In these circum-  
stances, Kaon (potassium gluconate) should be  
supplemented with chloride. Ammonium chlo-  
ride is an excellent source of chloride ion (18.7  
Eq. per Gram), but it should not be used in  
patients with hepatic cirrhosis where ammonium  
its are contraindicated. Other sources for  
chloride are sodium chloride and Diluted  
hydrochloric Acid, U.S.P.

It should also be kept in mind that ammonium  
cle cation exchange resin, sometimes used to  
eat hyperkalemia, should not be administered

to patients with hepatic cirrhosis.

**Adverse Reactions:** Nausea, vomiting, diarrhea  
and abdominal discomfort have been reported.  
The symptoms and signs of potassium intoxi-  
cation include paresthesias of the extremities,  
flaccid paralysis, listlessness, mental confusion,  
weakness and heaviness of the legs, fall in  
blood pressure, cardiac arrhythmias and heart  
block. Hyperkalemia may exhibit the following  
electrocardiographic abnormalities: disappear-  
ance of the P wave, widening and slurring of  
QRS complex, changes of the S-T segment, tall  
peaked T waves, etc.

**Overdosage:** Potassium intoxication may result  
from overdosage of potassium or from thera-  
peutic dosage in conditions stated under  
"Contraindications." Hyperkalemia, when de-  
tected, must be treated immediately because  
lethal levels can be reached in a few hours.

**KAON® (potassium gluconate) ELIXIR**

**Description:** Each 15 ml. (tablespoonful) sup-  
plies 20 mEq. of elemental potassium (as potas-  
sium gluconate, 4.68 Gm.) with saccharin and  
aromatics. Alcohol 5%.

**Indications:** See Kaon Tablets.

**Precautions:** See Kaon Tablets.

In hypochloremic alkalosis, potassium  
replacement with potassium chloride  
(e.g., Kaochlor® 10% Liquid) may be more ad-  
vantageous than with other potassium salts.

**Adverse Reactions:** See Kaon Tablets.

**Overdosage:** See Kaon Tablets.

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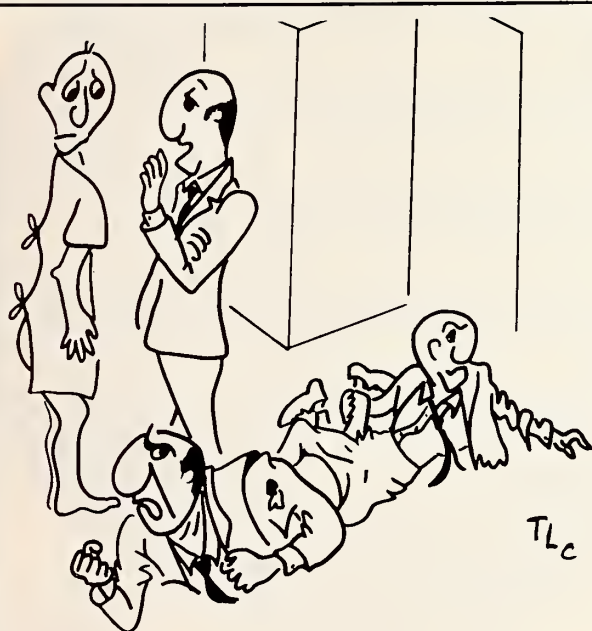
# EMPIRIN<sup>®</sup> COMPOUND c CODEINE

Each tablet contains aspirin 227 mg, phenacetin 162 mg, and caffeine 32 mg, plus codeine phosphate in one of the following strengths: #4—60 mg (gr 1), #3—30 mg (gr  $\frac{1}{2}$ ), #2—15 mg (gr  $\frac{1}{4}$ ) and #1—7.5 mg (gr  $\frac{1}{8}$ ) (Warning—may be habit forming)



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# NEWS NOTES



"WE SHOULD HAVE OUR SECOND OPINION  
IN A FEW MINUTES"

## Fellowships

Dr. Thomas W. Marshall of Columbus and Dr. Clyde B. Kernek of Carmel have been elected fellows of the American Academy of Orthopaedic Surgeons.

Dr. Charles Fisch, director of the Krannert Institute of Cardiology, Indianapolis, has received the 1978 Distinguished Fellow award from the American College of Cardiology.

Dr. Jack R. Scherer of Columbus has been named a diplomate of the American Board of Dermatology and a fellow of the American Academy of Dermatology.

Dr. Edward M. Cockerill of Indianapolis has been named a fellow of the American College of Radiology.

## Indiana Historical Society Survey

The Indiana Historical Society is sponsoring an Indiana Archives and Manuscripts Survey, intended to pick up items and materials not in institutions that might be missed in surveys being conducted nationally. Questionnaires will be mailed to various Indiana libraries, historical societies, museums, etc., in August. Questionnaires and supply information are available from Donald W. Thompson, Lilly Library, Wabash College, Crawfordsville, Ind. 47933.

## Monroe County Jail Accredited

The Monroe County Jail, Bloomington, has been accredited by the AMA Committee to Improve Medical Care in Correctional Institutions. Dr. Thomas Middleton of Bloomington serves as the jail physician. The AMA has developed and published "Standards for Medical Care and Health Services in Jails."

## 'Man of the Year'

Dr. Paul A. C. Macri, a Mishawaka family physician, has been named the city's "Man of the Year" in recognition of nine years as volunteer team physician for Mishawaka High School's athletic teams.

## VA Benefits Booklet

The Veterans Administration has published the 1978 edition of "Federal Benefits for Veterans and Dependents." The 71-page booklet reflects changes resulting from the GI Bill Improvement Act and the new compensation and pension rates. It is obtainable for \$1 from the Superintendent of Documents, Washington, D.C. 20402.

## Immunization Film

A half-hour color film, "A Gift, An Obligation," which documents the need for complete childhood immunizations, is being distributed to television stations across the country and is available on a free-loan basis for presentation before school groups, at medical or community meetings, in health education classes, etc. The film was produced by the American Academy of Pediatrics with grant assistance from Merck, Sharp & Dohme. Write Claire Walsh, West Glen Communications, Inc., 565 Fifth Ave., New York City 10017.

## Dx: recurrent herpes labialis

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# NEWS NOTES

## Hospital Elections

**Huntington Memorial Hospital, Huntington:** Dr. R. W. Wagner, chief of staff; Dr. K. A. Smith, vice-chief of staff; Dr. W. A. Clunie, secretary-treasurer.

**St. Joseph Hospital, South Bend:** Dr. V. E. Schlossberg, president; Dr. E. J. Blumenthal, treasurer; Dr. Lee Smith, president-elect.

**Howard Community Hospital, Kokomo:** Dr. E. Robert Blue, chief of staff; Dr. Nina King, vice-chief of staff; Dr. Kenneth Ridgeway, secretary.

**St. Joseph Memorial Hospital, Kokomo:** Dr. George Reul, president; Dr. Richard Bown, president-elect; Dr. Ruben Gaboya, secretary.

**Warrick Hospital, Boonville:** Dr. C. P. Ramaswamy, president.

## 'Citizen of the Year'

Dr. Floyd L. Rheinheimer, a Milford family physician since 1954, has been named the town's "Citizen of the Year" in recognition of his "outstanding service to the community."

Dr. Rheinheimer, a 1953 graduate of the Indiana University School of Medicine and a fellow of the American Academy of Family Physicians, received an engraved plaque from the Milford Area Development Council, sponsor of the award.

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## Hamburgers for Immunizations

McDonald's of Central Indiana will offer a free hamburger to any young person in the central part of the state who has completed the full series of immunizations recommended by his physician. The restaurant chain says authorization slips for the hamburgers will be mailed to all pediatricians, general practitioners and family physicians in a 27-county area. Physicians may, however, use their own letterhead to prepare a statement qualifying the child for a hamburger award. The project was approved by the I.S.M.A.'s Commission on Public Relations. The counties in which the offer is valid are Bartholomew, Boone, Brown, Carroll, Cass, Clinton, Decatur, Delaware, Grant, Hamilton, Hancock, Hendricks, Henry, Howard, Jackson, Johnson, Madison, Marion, Miami, Monroe, Montgomery, Morgan, Putnam, Rush, Shelby, Tippecanoe and Tipton.

## Mrs. Bowen: Mother of the Year

Mrs. Otis R. Bowen, wife of Indiana's governor, has been named 1978 Indiana Mother of the Year by the American Mothers Committee, Inc., New York City. She had been nominated by the ISMA Auxiliary, of which she is a former president. She was selected largely because of her effort to combat child abuse and neglect.

## Blue Shield Board

Three ISMA physicians, Dr. Charles V. Sage of Richmond, Dr. Jerry L. Stucky of Fort Wayne and Dr. Richard G. Huber of Bedford, have been elected to the board of Blue Shield of Indiana. They succeeded Dr. M. E. Glock of Fort Wayne, Dr. John Paris of New Albany and Dr. Frank H. Green of Rushville.

## Pharmaceutical "Key Facts" Brochure

The Pharmaceutical Manufacturers Association periodically publishes an informational pamphlet entitled "Key Facts about the U.S. Prescription Drug and Medical Device Industries." The 16-page brochure is an interesting collection of facts for the enlightenment of both physicians and the general public. Single copies for the physician's use may be obtained by writing the Association at 1155 Fifteenth St., N.W., Washington, D.C. 20005. The pamphlets are ideal for waiting room tables and patient reading. For this purpose 50 copies may be obtained free of cost. In larger amounts the pamphlet sells for \$10 per 100.

## Laetrile Analysis

The National Cancer Institute is conducting a retrospective case evaluation of the anti-tumor activity of Laetrile. Physicians knowing of patients who have had a favorable response to Laetrile treatment are asked to obtain the patient's consent or, in the case of a deceased patient, the consent of the next of kin, and provide the Institute with the name and address of the patient or his next of kin. Review of the case will be conducted by the Institute in strict privacy.

# NEW increased limits under ISMA sponsored income protection plan

33 $\frac{1}{3}$ % more in fact! You can now provide yourself monthly income disability protection up to \$2,000 from the previous limit of \$1,500 (subject to a participation of \$3,500 per month with other companies) if you are disabled and unable to work due to an accident or illness.

## OTHER INSURANCE PLANS AVAILABLE

In addition to this disability income protection that now helps you replace more of your earned income when you cannot work, there are four other Association sponsored supplemental insurance plans. You, as an ISMA member physician or professional corporation are eligible to add to your protection through these supplemental plans.

- **EXCESS MAJOR MEDICAL PLAN** provides coverage after your present plan is exhausted. Up to \$250,000 coverage and two deductibles available (\$15,000 or \$25,000). Unlimited surgical schedule and includes extended care and nursing home benefit.
- **OVERHEAD EXPENSE PLAN** provides needed dollars to help you pay off overhead expenses (employees' salaries, rent, utilities, property taxes, etc.) in the event of your disability. When disability strikes—your business overhead expenses keep right on going—even when you can't.
- **FAMILY LIFE INSURANCE PLAN** provides benefits up to \$60,000 in the event of your death.

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# BOOK REVIEWS



## Diabetic Menus, Meals and Recipes

*Betty M. West, revised by Nancy Green Eash, M.S., R.D., 1978, Doubleday & Company, Inc., 245 Park Ave., New York 10017, 194 pages, \$7.95.*

This book should prove to be a valuable reference text for the lay person with diabetes. The chapter on general information about measuring and weighing equipment, and a table of equivalents and abbreviations will be particularly useful to newly diagnosed diabetics who all too often are frustrated by unfamiliar terms used so glibly by health personnel.

In the chapter on the diet for the diabetic, the author presents a table of the vitamin and mineral components of a 2,561-calorie diet considered ideal by the Food and Nutrition Board of the National Research Council. One would not doubt the accuracy of this table but the array of technical terms covering 10 vitamins and six minerals overshadows the basic data depicting the amount of the various food components, and their equivalents in calories and gram weights.

Seven sample menus for the diabetic are included. These are good examples of the variety of meals which can be prepared. Their similarity to meals of the non-diabetic population shows that, within the limits of the table, the diabetic can learn to choose from menus available to the general public. One does wonder why the phrase "Sweetened Applesauce" should be used without specifying the sweetening agent to be used. Obviously the knowledgeable reader would take for granted that saccharin was intended but some diabetics, particularly older ones, will interpret this to mean

table sugar. The same applies to the use of maple syrup even though the carbohydrate content of one tablespoonful provides 60 calories, which can be easily incorporated into the diet plan. As a substitute, low calorie maple syrup providing 12 calories per tablespoonful can be found in the diet food section of most supermarkets. One tablespoonful of maple syrup does not go far on a slice of french toast. Using instead three tablespoonfuls of the artificially flavored preparation—it is more fluid than natural syrup but has an excellent maple flavor—would permit the use of one and one-half slices of french toast. A minor point to be sure, but the diabetic likes to get as many food items into the diet as possible.

A large portion of the book is devoted to special menus for a variety of dishes: appetizers, cocktails and beverages, soups and salads, meats, seafoods, vegetables, eggs, sauces and salad dressings, breads and desserts. All display the carbohydrate, protein and fat content and the caloric value per serving. These are all welcome inclusions, and intelligent use will permit variations in meal planning.

Other chapters discuss the technique of canning fresh fruits and vegetables, foods providing minimal amounts of calories, and diets for diabetics with special nutritional problems.

Altogether this is an informative book, but some diabetics may shy away from spending \$7.50 because many books and pamphlets concerning the dietary management are offered at no cost or only a minimal one to the individual.

HARRY A. COCHRAN, M.D.  
Fort Wayne

## Body, Mind, Behavior

*Maggie Scarf, Dell Publishing Co., Inc., 1 Dag Hammarskjold Plaza, New York, N.Y. 10017, 1977, 364 pages, \$2.25.*

This book consists of a series of articles related to human behavior. They are written by a layman for the layman. In general, they are well researched and well written, although the professional will notice a few minor errors. Too many different topics are covered to comment on them individually. Topics include ex-

perimentation on the human fetus, the effects of sex hormones on behavior, Transcendental Meditation, Alfred Adler, R.D. Laing, behavior modification, fear, anger and suicide. The physician interested in human behavior would probably find topics he is not familiar with in this book and would find them easy to read and educational.

ELTON HEATON, M.D.  
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Madison

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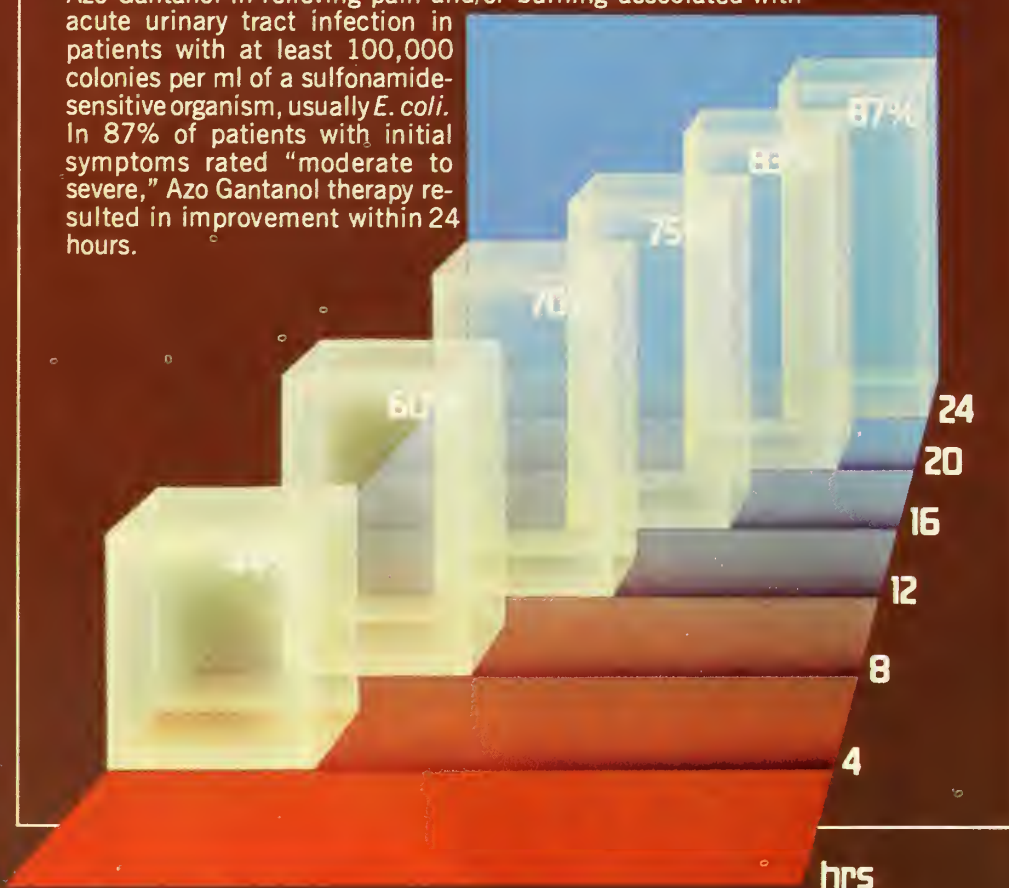
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Fast pain relief plus effective antibacterial action

# Azo Gantanol®

Each tablet contains 0.5 Gm sulfamethoxazole and 100 mg phenazopyridine HCl.

for  
the pain

for  
the pathogens

\*Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey 07110.

Before prescribing, please consult complete product information, a summary of which follows.  
**Indications:** In adults, urinary tract infection complicated by pain (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms (usually *E. coli*, *Klebsiella-Aerobacter*, *Staphylococcus aureus*, *Proteus mirabilis*, and, less frequently, *Proteus vulgaris*) in the absence of obstructive uropathy or foreign bodies. Note: Fully coordinate *in vitro* sulfonamide sensitivity tests with bacteriologic and clinical response. aminobenzoic acid to follow-up culture media. increasing frequency of resistant organisms. the usefulness of antibacterials including sulfonamides. Measure sulfonamide blood level variations may occur; 20 mg/100 ml should be maximum total level.

**Contraindications:** Children below age 12; sulfonamide hypersensitivity; pregnancy at term during nursing period; because Azo Gantanol contains phenazopyridine hydrochloride it is contraindicated in glomerulonephritis, severe hepatic uremia, and pyelonephritis of pregnancy with disturbances.

**Warnings:** Safety during pregnancy not established. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been reported and early clinical signs (throat, fever, pallor, purpura or jaundice) may indicate serious blood disorders. Frequent CBC and urinalysis with microscopic examination are recommended during sulfonamide therapy.

**Precautions:** Use cautiously in patients with impaired renal or hepatic function, severe allergic bronchial asthma; in glucose-6-phosphate dehydrogenase-deficient individuals in whom dose-related hemolysis may occur. Maintain adequate fluid intake to prevent crystalluria and stone formation.

**Adverse Reactions:** Blood dyscrasias (agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia); allergic reactions (erythema multiforme, skin eruptions, Stevens-Johnson syndrome, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); *G.I.* reactions (nausea, emesis, abdominal pain, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis); *CNS* reactions (headache, peripheral neuritis, mental depression, convulsions, hallucinations, tinnitus, vertigo and insomnia); *miscellaneous reactions* (drug fever, chills, nephrosis with oliguria and anuria, periarthritis nodosa and L. E. phenomenon). Due to certain chemical similarities with some goitrogens, uretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused instances of goiter production, diuresis and glycosuria. Cross-sensitivity with these agents may exist.

**Dosage:** Azo Gantanol is intended for the acute painful phase of urinary tract infections. Usual adult dosage: 2 Gm (4 tabs) initially, then 1 Gm (2 tabs) B.I.D. for up to 3 days. If pain persists causes other than infection should be sought. After relief of pain has been obtained, continued treatment with Gantanol (sulfamethoxazole) may be considered.

**NOTE:** Patients should be told that the orange dye (phenazopyridine HCl) will color the urine. **Supplied:** Tablets, red, film-coated, each containing 0.5 Gm sulfamethoxazole and 100 mg phenazopyridine HCl—bottles of 100 and 500.

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# COMMERCIAL ANNOUNCEMENTS

Commercial announcements are carried in The Journal as a special service to ISMA members. Only advertisements considered by publisher to be of advantage to members will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

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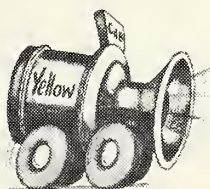
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# OBITUARIES

## Glen Ward Lee, M.D.



Dr. Lee, 66, a member of ISMA's board of trustees, representing the Sixth District, died March 6 while vacationing in Florida.

Dr. Lee, a urologist, had practiced in Richmond 40 years. He was a 1935 graduate of the Indiana University School of Medicine.

A World War II veteran, he had served as state medical officer of the Indiana Selective Service. He was a former Wayne County health officer, as well as a former chief of staff at Reid Memorial Hospital in Richmond.

Dr. Lee had been very active in ISMA affairs since the early Sixties as a county delegate and, since 1972, with the board of trustees. He was a member of the American Urological Association and had been certified by the American Board of Urology.

## Joseph T. (Buddy) Brock, M.D.

Dr. Brock, 58, a neurologist at New Castle State Hospital, died Feb. 19 at his home.

A 1950 graduate of the Medical College of Alabama, Dr. Brock had served at the hospital as a staff physician, clinical director and as acting superintendent during the early 1970s. He also served on the staff of Henry County Memorial Hospital.

Dr. Brock, a member of the American Association of Mental Deficiencies, was named "Sagamore of the Wabash" by former Indiana Governor Edgar Whitcomb in 1973.

## Marion J. Eaton, M.D.

Dr. Eaton, 76, died Feb. 1 at Home Hospital in Lafayette.

Dr. Eaton, a Lafayette urologist 46 years, was a 1927 graduate of Indiana University School of Medicine. He had been on the staff at Home Hospital and St. Elizabeth Medical Center.

Before beginning his private practice in 1932, Dr. Eaton had served as a Navy physician. A senior member of the Indiana State Medical Association, he belonged to the American Board of Urology and the American Urology Association. He was a fellow of the American College of Surgeons and of the International College of Surgeons.

## Richard J. Schulfer, M.D.

Dr. Schulfer, 57, a Hammond general practitioner, died Feb. 28 at St. Margaret Hospital, Hammond.

A 1943 graduate of Loyola University Stritch School of Medicine, Dr. Schulfer had practiced in Hammond 23 years.

## Harry E. Voyles, Sr., M.D.

Dr. Voyles, 81, a retired New Albany general practitioner, died Feb. 20 in Naples, Fla.

A member of ISMA's 50-Year Club since 1972, he retired in 1976 after a 53-year medical practice. He was a native of Palmyra.

Dr. Voyles, a 1922 graduate of the Indiana University School of Medicine, had been chief of staff at the former St. Edward Hospital in New Albany from 1943-1945. He was a past president of the Floyd County Medical Society.

## Donn R. Gossom, M.D.

Dr. Gossom, 64, died Jan. 26 at Union Hospital, Terre Haute.

Dr. Gossom, a general surgeon, established his practice in Terre Haute in 1949. He was a member of the Union Hospital staff.

A 1940 graduate of the University of Illinois College of Medicine, Dr. Gossom served during World War II as a general surgeon with the U.S. Navy and Naval Air Force.

Dr. Gossom was a member of the American College of Surgeons.

## Joseph B. Quigley, M.D.

Dr. Quigley, 67, an Indianapolis ophthalmologist, died Feb. 19 at his home.

A 1938 graduate of the Indiana University School of Medicine, Dr. Quigley practiced ophthalmology in Indianapolis 26 years. Previously, he had been in general practice 14 years.

He was a World War II veteran and was a member of the Indiana Academy of Ophthalmology and Otolaryngology as well as the Indianapolis Society of Ophthalmology and Otolaryngology.

## Clarence M. Harless, M.D.

Dr. Harless, 86, died Jan. 27 at his home in Chesterton.

Dr. Harless was a 1920 graduate of Indiana University School of Medicine. He practiced 56 years in Anderson, Miller, Gary, Chesterton and Porter.

Dr. Harless, who served in the U.S. Army Medical Corps in the early 1920s, was a former Madison County health officer. He was a 50-Year Club member of the Indiana State Medical Association.

## C. Bowen DeMotte, M.D.

Dr. DeMotte, 78, a surgeon who retired in 1961, died Feb. 9 at Johnson County Memorial Hospital, Franklin.

A 1923 graduate of the Indiana University School of Medicine, he was a lifelong resident of Greenwood. He had practiced in Indianapolis 38 years.

Dr. DeMotte was a senior member of the Indiana State Medical Association and joined its 50-Year Club in 1973.

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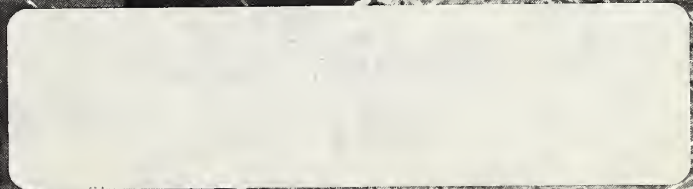
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# THE MESSAGE OF TENSION

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HYPERVENTILATION  
TACHYCARDIA  
PALPITATIONS  
BURNING IN STOMACH  
FULLNESS  
FREQUENCY

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and its functional symptoms

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(diazepam) 

2-mg, 5-mg, 10-mg scored tablets

## VALIUM® (diazepam)

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Tension and anxiety states, somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal, adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).  
The effectiveness of Valium in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma. May be used in patients with open angle glaucoma who are receiving appropriate therapy.  
**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

**Use in Pregnancy:** Use of minor tranquilizers during first trimester should always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia.

hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice, periodic blood counts and liver function tests advisable during long-term therapy.



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# MEDICAL MUSEUM NOTES



CHARLES A. BONSETT, M.D., Indianapolis

Thurman Rice, M.D., in chapter 35 of *100 Years of Medicine*, observes that in 1868 there was not a single medical school in Indiana. By 1870 there was one, in 1875 four, in 1880 eight, and in 1883 there were elev-

en. Seven of these were in Indianapolis, two in Fort Wayne, and two in Evansville.

Last month's Museum Notes featured matriculation cards from Indiana's first medical school, the Indi-

ana Medical College, organized in 1869 and opened in 1870. This month's page presents four photographs pertaining to this school.

Figure 1 is a painting showing the original appearance of the building. It was done by artist Harry Davis in 1975 for the Museum. As the 19th century passed, the name was changed to the Medical College of Indiana, and the school moved sev-

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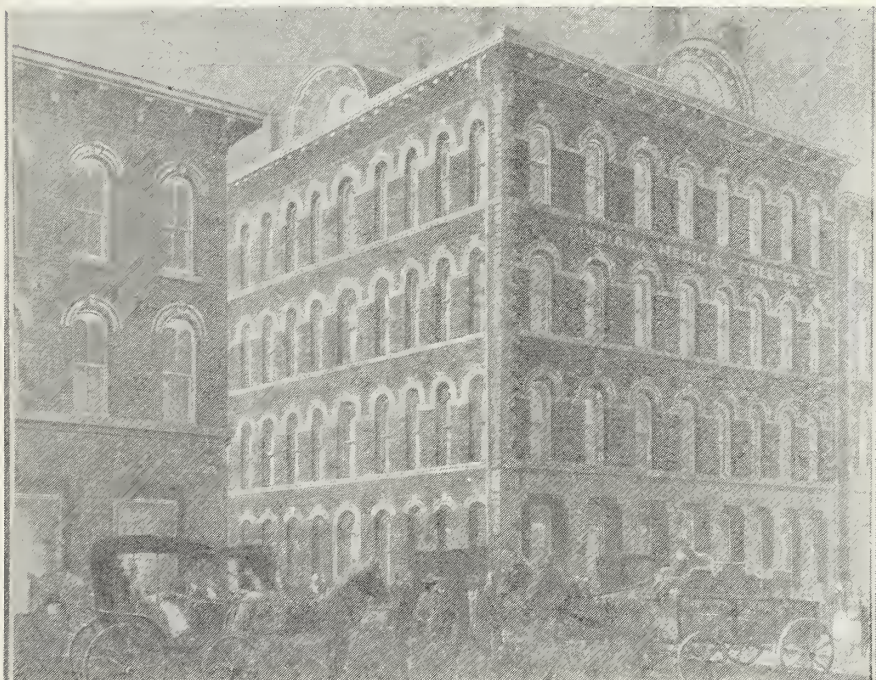


FIGURE 1



FIGURE 2



FIGURE 4



FIGURE 3

# WHAT'S NEW?

Merck Sharp and Dohme, after 10 years of research and testing, will market "Elspar" (Asparaginase, MSD), an agent effective against acute lymphocytic leukemia. It is used only in combination with other agents such as vincristine and prednisone. Side effects can be serious.

\* \* \*

Anchor Press has released "Time Off," a psychological guide to vacations. Written by Stephen Shapiro, Ph.D. and Alan Tuckman, M.D., the book is a fast-reading guide to how, when, and in what style to plan the vacation for the greatest personal benefit. 102 pages—\$5.95.

\* \* \*

Searle has acquired the worldwide marketing rights for a new drug used in the treatment of two forms of vaginal infection. A new antibiotic called Tricandil (mepartricin) is administered as a vaginal tablet for treatment of vaginitis caused by candida albicans or trichomonas.

\* \* \*

Abbott has a new drug, Abbokinase, a brand of urokinase, useful for dissolving blood clots in the lungs in cases of pulmonary embolism. Urokinase is produced in the kidney and excreted in the urine. Abbott research has found a method of producing the drug in much larger quantities from kidney cells in tissue culture. Abbokinase is administered by vein over a 12-hour period.

\* \* \*

Abbott Laboratories has received approval from the FDA for marketing valproate (valproic acid). The brand name will be Depakene, and will be sold in capsule and liquid form. Its special usefulness appears to be in the treatment of patients who do not respond with control of epileptic seizures while taking the drugs currently available.

\* \* \*

Verite Scientific has introduced a new testmeter to detect electrical wiring not properly grounded. When plugged into the questionable electrical outlet, the two-pound device indicates the answer on a dial. It gives reading for both the neutral line and the third ground wire of a three-wire line. It can also indicate reverse polarity and can identify the "hot wire" and measure its voltage.

\* \* \*

Schering Laboratories has announced Fulvicin P/G 250 mg., a new one-tablet-a-day strength, ultra-microsized form of griseofulvin, antifungal antibiotic. The preparation provides therapeutic effectiveness at half the dosage of microsized griseofulvin. The new form is also available in 125 mg. scored tablets.

\* \* \*

Did you ever notice how few citizens worry about ear discomfort on the part of doctors who do a lot of stethoscoping? The public relations department of the 3M Company does. They have announced soft eartips for the Littman brand stethoscope. They fit better and improve acoustical qualities.

\* \* \*

Nuclear Medical Systems has announced a diagnostic test kit for detection of the hormone Estradiol<sup>17B</sup>. Detection of this hormone level in women can be used to evaluate menstrual and ovarian dysfunction, to determine ovulation time, and to detect ovarian tumors. The kits use the radioimmunoassay process.

\* \* \*

Corning Glass Works announces a modification of the Corning Immo Phase T<sub>4</sub> radioimmunoassay test, which makes possible cost-effective screen testing for neonatal thyroid functions. Corning Medical also offers a test kit for neonatal diagnosis; the kit is complete within itself.

\* \* \*

## MEDICAL MUSEUM NOTES



CONTINUED FROM PAGE 515

eral times to larger quarters. The original building, also known as the Parker Block, however, remained standing for about a hundred years.

Figure 2 shows the building in 1969, just before it was razed. It stood on the west side of Delaware Street in Indianapolis, just north of the alley known as Court Street. As the photograph shows, this was just across the street from the Court

House (now the City-County Building). The medical school building was essentially vacant during its last years. A butcher shop occupied a part of the lower floor, and an artist studio was on the second floor.

Figure 3 shows the building in the process of demolition. It was in this building that surgeon John Stow Bobbs had his very brief association as dean of this school. He died soon

after the school commenced.

Removal of the building left room for a small parking lot and two extensive areas of brick wall of adjacent buildings. These areas were then made more colorful (Figure 4) by Roland Hobart, an Austrian-born artist, whose blue, orange, red, white, yellow and black geometric mural now identifies the location of the oldest school, now a part of Indiana University School of Medicine.

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**WARNING:** Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of the body surface is

affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching, it may be manifest simply as failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

**PRECAUTIONS:** As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

**ADVERSE REACTIONS:** Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept. PML.

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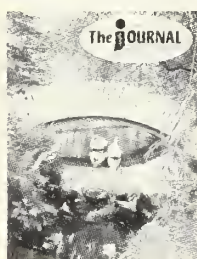
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### ABOUT THE COVER

Roses are in bloom at the International Friendship Gardens, a 100-acre floral and bird sanctuary in Michigan City. Friendship Gardens, according to Clarence Stauffer, its director, is open from early morning until sunset year-round.

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All articles must be typewritten, double-spaced with margins of one inch.

Photographs should be printed on glossy paper. Negatives cannot be used.

Illustrations are desirable. Selection of illustrations submitted at discretion of editor and editorial board members.

Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible.

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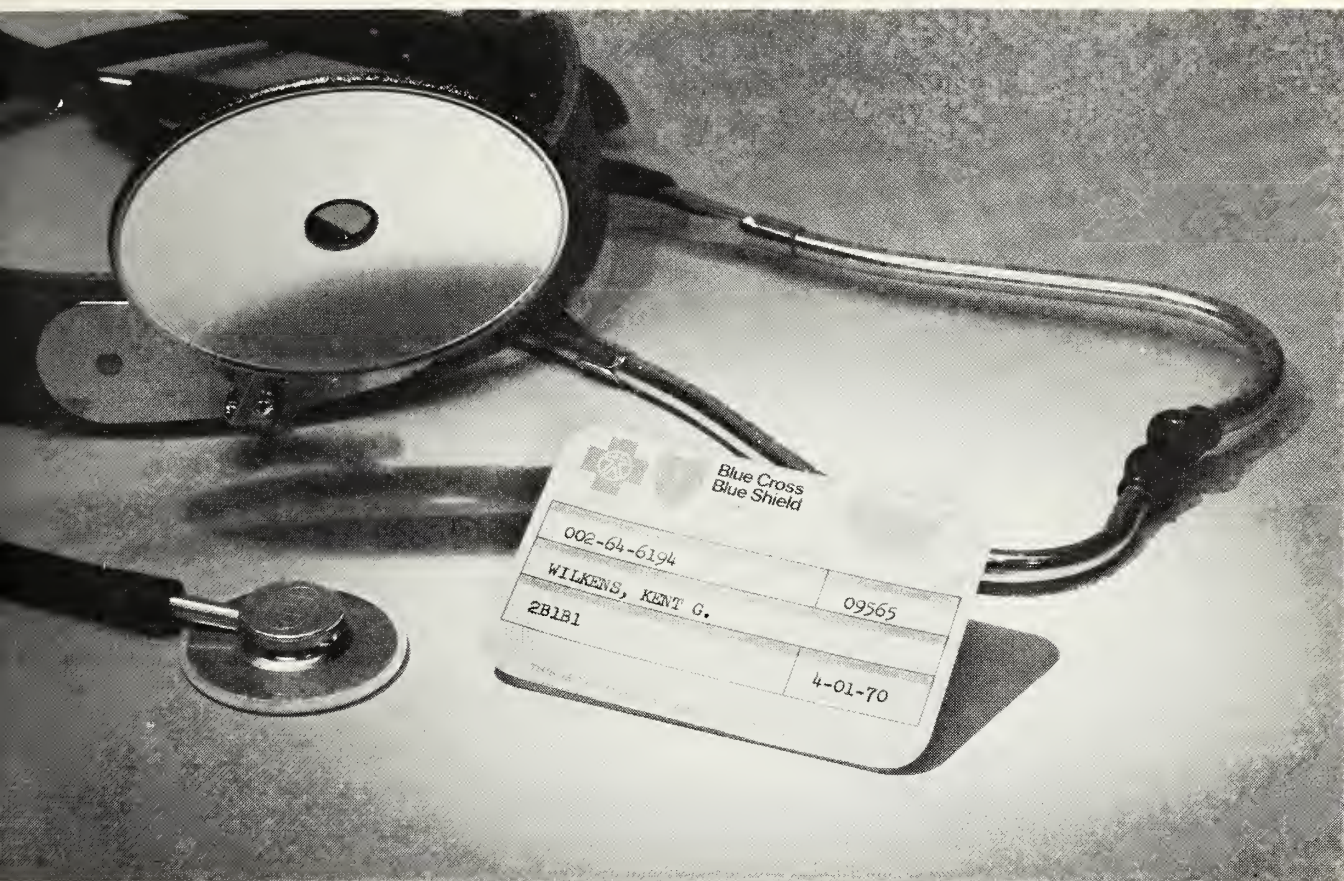
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# EDITORIALS

## Guest Editorial

### Medical Care: Individual vs. Political

LUCIAN A. ARATA, M.D.  
Shelbyville

As a physician, I have been trained to use *my* knowledge and training to help a patient. This is a one-to-one relationship. The politician and the bureaucrat are unable to think in a one-to-one manner; they think only on a mass basis. The politician can write off a voter in favor of the total; most of us in medicine have not been trained to think and act in such manner. In fact, if we do so, we are subject to severe criticism or worse.

The bureaucratic administrator is trained in, and cares only for the *Rule Book*; if individuals do not conform to the *Book*, they must be made to do so.

With this fundamental difference in training and thought pattern, meaningful dialogue between us and them is as impossible as it is when we physicians try to carry on a meaningful dialogue with an acutely psychotic patient: We may both use the same words, but they mean different things to each of us; there is no meeting of minds.

In the years that I have been caring for patients, I am certain that I have never seen a single *average* patient. If such a patient exists, or if all

patients fit this classification, then political medicine might be a good answer to the health care problems of all patients.

I also do not know a single *average* physician. Each is an individual with his own personality, training, experience, strength, weaknesses and capabilities. Since there are no, or very few, average patients and average physicians, any system of political-bureaucratic medicine must compel patients and doctors to conform to the average. Individuality must be abolished; all must be reduced to computer cards.

When this is done, the political-bureaucratic utopia is achieved. American medicine will certainly not be improved by subjecting all doctors and patients to such treatment. We have all heard "horror" stories about trying to deal with computerized systems, and many of us have learned by first-hand experience the frustrations of trying to deal with such systems. God help the patients caught up in computer goof-ups and the bureaucratic bungling that will go with such a system. The politicians can hide behind the bureaucrats; the bureaucrats are shielded by their computers;

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*Devoted to the interests of the medical profession of Indiana*

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## Guest Editorial

# Up with 'Polyvim'—Down with 'Heterosis'

RICHARD J. NOVEROSKE, M.D.  
Evansville

I think the word "heterosis" is a lousy word, and it should be stepped on. Its feeling is 180° around or backwards from what it is used to denote—hybrid vigor and beauty.

Our language is alive and changing constantly; new words are added; old or not so old words fall into disuse, and are dropped out. The English language is probably the most flexible and forceful language used on earth. It should and does serve us; we must not be servile toward it.

A friend of mine who is in the business of marketing new medicines told me that the way new words are made commercially is to "brainstorm" the word; that's the way most of the names for the medicines and products on our grocery shelves are made.

Whether the replacement word for "heterosis" should be from Greek or Latin like most scientific words is one of the first questions one faces. It seems that if a good new word is to be coined for hybrid vigor, to replace "heterosis", and used around the world, that it'll have more chance of acceptance if it is made up of Greek or Latin elements or both. As much as we like our English language, other nations like their languages too, and they probably wouldn't defer to an English word for universal use in scientific circles. It would probably have to come from the classical languages—Latin and Greek—as most scientific words do.

A professor of classical languages, who specializes in Greek, recognized the problem and spent hours of work on it. She suggested a number of combinations made from Greek and Latin stems that come close to having the feeling of "hybrid vigor." Of course the word should be as short as possible and still get the job done, without having any offensive connotations.

The word that I like best at this point is "polyvim". It has the feeling of hybrid strength

or hybrid vigor to me. But there may be better words that others can think of. I'd like to hear them.

There's a word that I find irritating; it's "heterosis." It's a scientific term used to mean hybrid vigor or hybrid strength, but the word certainly doesn't have that feeling; it doesn't sound like strength. It sounds like a disease.

The "osis" on the end of it is used and has been used medically for some time to mean "disease or morbid condition." And when we hear a word like "heterosis," most of us start thinking of tuberculosis, cirrhosis, arteriosclerosis, trichinosis, and so forth.

There are many words in our language that are taken from the Greek and end in "osis" and aren't used for diseases. We use them and don't find them offensive; there's "hypnosis" for example, or "metamorphosis"—there's a ten dollar word for you, that merely means "a change." And there's our old friend "osmosis."

But to use a word that sounds like a disease and carries that feeling with it, for the strength, beauty, and vigor that comes from the mixing of heritages, doesn't make sense—whether we're talking about humans who aren't "pure bred," hybrid roses, or hybrid corn. Weaknesses and diseases often come from in-breeding or "pure-bred" backgrounds; the latent defects in the genetic material get a greater chance to appear in the "pure-bred" strains.

If we look at the feelings of the defenders of "heterosis," we get the idea that many of them are afraid of change and consider "an alteration"—one authority's Greek base for the word, "heterosis," as a weakness; they talk of hybrid vigor, but they act as though cross-breeding leads to weakness, not vigor. One also gets the feeling that although the word "heterosis" is a louse, we must not step on it, for fear of repercussions.

Time is the test of all things.



#### BRIEF SUMMARY

**Indications:** Oral potassium therapy for the prevention and treatment of hypokalemia which may occur secondary to diuretic or corticosteroid administration. May be used in the treatment of cardiac arrhythmias due to digitalis intoxication.

**Contraindications:** Severe renal impairment with oliguria or azotemia, untreated Addison's disease, adynamia episodica hereditaria, acute dehydration, heat cramps and hyperkalemia from any cause.

**Precautions:** Potassium intoxication by oral administration rarely occurs in patients with normal kidney function, however, potassium supplements must be administered with caution, since the amount of the deficiency or daily dosage is not accurately known. Frequent checks of the clinical status of the patient, and periodic ECG and/or serum potassium levels should be made. High serum concentrations of potassium ion may cause death through cardiac depression, arrhythmias or arrest. This drug should be used with caution in the presence of cardiac disease.

In hypokalemic states, especially in patients on a low-salt diet, hypochloremic alkalosis is a possibility that may require chloride as well as potassium supplementation.

**Adverse Reactions:** Nausea, vomiting, diarrhea, and abdominal discomfort have been reported. The most severe adverse effect is hyperkalemia.

**Overdosage:** Potassium intoxication may result from overdosage of potassium or from therapeutic dosage in conditions stated under "Contraindications". Hyperkalemia, when detected, must be treated immediately because lethal levels can be reached in a few hours.

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## On Voting, Grudges and Diagnoses

### From The Journal 50 Years Ago

JUST how many physicians will be honest with themselves when they pull the lever in the voting booth this fall? We'll bet 10 cents to a punched nickel that the majority of them will vote as they always have—the party ticket, irrespective of the character of the men on the ticket.

We desire to say, even though it does no good, that there are names on both tickets that should be scratched by every self-respecting medical man who has the best interests of the medical profession in mind.

THE man who nurses a grudge is potentially a dangerous man. This is particularly true in the case of a physician who because of his vocation has so many opportunities to stir up ill feeling and which, if encouraged, ends in trouble for himself as well as others.

Just why the practice of medicine should make a man suspicious and resentful is a little hard for the average individual to understand. However, it is a condition that exists, and the profession as a whole ought to bend its energies to the task of improving the situation and limiting the sphere of influence of those who are happier when they are tearing down than when they are building up. This means that in our medical societies we must individually and collectively try to build up a spirit of cooperation and helpfulness as well as tolerance.

AN eastern radio station is broadcasting humorous talks by a well-known comedian who has a take-off on each of several trades and professions.

Not long ago he told about a man who had a pain in his heel and consulted different physicians concerning its cause and cure. One physician advised removal of the tonsils; another advised removal of one or more teeth; still another advised that the appendix be removed: and everywhere the patient went he received a recommendation to do something a little different, but always at considerable inconvenience, expense and sometimes discomfort.

Finally the patient consulted his old family physician who had been forgotten during the efforts to secure the highest type of service. The old family physician examined the patient's shoes and discovered that there was a nail sticking up in the heel, the removal of which cured the patient.

As a mere side issue this is an old story, but it is just as appropriate now as when first told, and it emphasizes our contention that there is altogether too much of a tendency on the part of many physicians to be superficial in their examinations as well as too apt to jump to conclusions.  
**JISMA, June 1928**

## Medical Care: Individual vs. Political

CONTINUED FROM PAGE 520

the doctor will have his hands tied by the *System*. All this is supposed to be an improved system for patient care. Baloney!

Is there an answer to this threat to the American public and the American doctors? There is, if doctors care to exercise it. The answer has to be no more and no less than total and complete non-cooperation with such a system. Our AMA leaders do not seem to see the answer in their willingness to sponsor a National Medical Tax System under the name of National Medical Insurance System. There seems to be no large med-

ical organization to lead our patients and us away from the disaster. The politicians seem hell-bent on trying to buy votes with promises of a system.

After all is said and done, bureaucrats and politicians cannot take care of patients; only doctors can. Their system cannot function without our cooperation. If enough of us refuse to cooperate, their system cannot operate in spite of billions of dollars of tax money wasted on it.

Am I advocating a strike against patients? No. I am advocating sabotage of a patient-destroying, doctor-destroying monster whenever and wherever it rears its computerized head by the only effective tool that we have—non-cooperation.

## A Commentary

# Health Costs and National Health Insurance

to \$45.96 per month and the mix had changed. (The increase was far in excess of the increase in CPI over this period.) Government's portion had increased to 40%, private institutions decreased to 1%, insurance benefits were now paying about 26% and direct payments by recipients had dropped to 33%. Over this period the *mix* clearly changed with individual payments by recipients of health care decreasing 50% and charitable payments decreasing 2%, with this combined decrease of 52% met, about equally, by insurance benefits and by government, the so-called third-party payors.

Hospital costs, the largest single health care expenditure, is funded 91% by third-party payors. Some 61% of physicians' costs and 57% of nursing home costs are also paid for by a third-party. Only in dental care, drugs and sundries does the consumer's direct share of payments exceed fifty percent. There are some who feel that the significant role of third-party payors has exacerbated the present difficulties by removing the motivation to comparison shop for health care.

Health care is presently an anomaly in our free enterprise society. It is neither subject to the constraints imposed by competition nor is it regulated as a public utility. The physician, who is largely responsible for determining the treatment, has a simple, eminently worthwhile goal; to restore the patient to good health. Both medical ethics and the possibility of mal-

practice litigation indicate that all available resources be pursued. In most cases, economic considerations are secondary.

Other interested parties inadvertently contribute to the current economic problems which can be summed up succinctly as soaring costs. How did it happen? All of the following were involved. The scientist created sophisticated equipment, capable of saving life or sometimes of merely extending life, but at great cost; medical facilities expanded and competed for the latest equipment; the wages of hospital workers and staffs increased substantially from previously low levels; unions bargained for more complete coverage of expenses; industry was willing to increase benefits for corresponding credits in other parts of the negotiated wage package; insurers and health care contractors, operating on slim margins, could increase charges if experience worsened; benefit plan managers focused on savings from streamlined administration and reduced administrative costs (desirable objectives), while the major cost area was still the 90% of funding which goes for claims reimbursement; government provided ever-increasing sums of money, while castigating the medical profession for the current state of affairs; and then there was and is inflation.

### *SOME CONCERNS*

In such a set of circumstances, few dispute the need for an im-

CONTINUED ON PAGE 528

In 1935, the year in which Social Security was enacted, our total national expenditure for health care was less than \$3 billion, or \$1.67 per month per person. Government paid some 14% of the total, charity or other private institutions contributed 3%, insurance benefits were negligible, with the major part of the cost, 83%, paid directly by the recipient of the care.

Forty-one years later, in 1976, the latest year for which complete statistics are available, total per capita expenditures had increased

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# "WE SOLVE PROBLEMS. IF YOU THINK THE AUDI 5000 IS BEAUTIFUL, SO MUCH THE BETTER."

AN INTERVIEW WITH HERBERT BROCKHAUS, HEAD OF STRUCTURAL TESTING



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proved system. Claims control and cost containment are concepts with which most parties agree. However the direction, the extent of the development and who will take the responsibility are at issue. In effect, this puts a nearly impossible professional burden on the physician: to limit the amount and the scope of his services.

The major concern about health care is not that services are unavailable, inadequate, or not provided when needed but that the collective burden of paying for them can be intolerable.

The absence of primary health care, emergency facilities, and other basic health resources is a serious problem in some communities. The limited insurance coverage of the working poor and some disabled and retired persons can lead to financial hardship and perhaps to inadequate care. But a national plan is not necessary to assure these persons access to health care.

Although powerful groups favor a national plan, the most prominent being the large unions, others oppose it with determination. The medical providers recognize that a federal plan would lead to strict federal control and a bureaucratization of health care services, not an attractive prospect. Traditionally, smaller lobbies have been able to block legislation that has a very pronounced effect on them, despite the opposition of more powerful interests that have less at stake.

### **COST CONTAINMENT**

The compelling issue that appears to have the greatest impact on legislators is the rise of health care costs. We are now spending \$146 billion, or approximately 9% of the gross national product, on health care. By 1982, if the proposed Federal hospital cost control program is not adopted, it is estimated that we will

be spending about \$240 billion, or 9.2% of the gross national product. This would constitute an increase in the cost per capita for medical services of 13.3% per year, compared to an estimated annual increase of 6.5% in the general price level. Health, Education and Welfare Secretary Califano has made it clear that a major health priority issue, one that must precede NHI, is a decided effort to pass the Carter hospital cost containment bill.

To pave the way for the final NHI recommendation, experts in the field considered three broad approaches.

- Restructuring the present health care system to install market forces (Consumer Market Approach). The HMO may be considered an example of this type.
- Government regulation as a substitute for market forces (Public Utility Approach). Medicare and Medicaid are examples but recent history shows both failed to contain costs.
- Some combination of restructuring and regulation.

### **ALTERNATIVE APPROACHES**

What has evolved appears to be four alternative plans. Ignoring the many complications and the financing, these are:

1. *A Quasi Public Corporation* established to administer all aspects of NHI including the regulation of health providers.
2. *Publicly Guaranteed Health Protection* provided by a mandatory health insurance plan plus a high medical expense reinsurance program for expenses over a certain amount with the possibility of opting out by purchasing private insurance. Those opting out pay 5% of the applicable premium to the public plan.
3. *A Target Plan* to fill in the gaps in public and private insur-

ance, together with a catastrophic coverage plan with a deductible equal to the smaller of 25% of income or 100% of income above low income standards.

4. *A Consumer Choice Health Plan* based on a competitive concept of health care with most consumers providing a major portion of their health coverage by choosing among various specified plans. The present tax basis for medical costs (group and individual) is replaced by a tax credit equal to 60% of the actuarial cost of a basic plan in an area. Deductions for expenses over 3% of income would change to over 10% of income.

The President is expected to indicate guidelines for NHI in a special health message to be delivered soon. The administration is taking the NHI message seriously. The proposal is being put together by Secretary Califano assisted by a group of administration officials, including cabinet members.

In focusing on the health care delivery system, it is easy to lose sight of the basic meaning of health care. Although, the United States presently devotes slightly more than one month of its production of goods and services to health care, and considers access to health delivery a right, very little time or money is spent on basic prevention and primary care. This too should be part of the discussion.

An ideal health care program would concentrate on improving health awareness as well as health maintenance and would involve consumers, the medical profession, the insurance industry and government in the design and administration of a national program which improves health and hopefully strikes an accord between the parties involved so that all are motivated to contain future costs.

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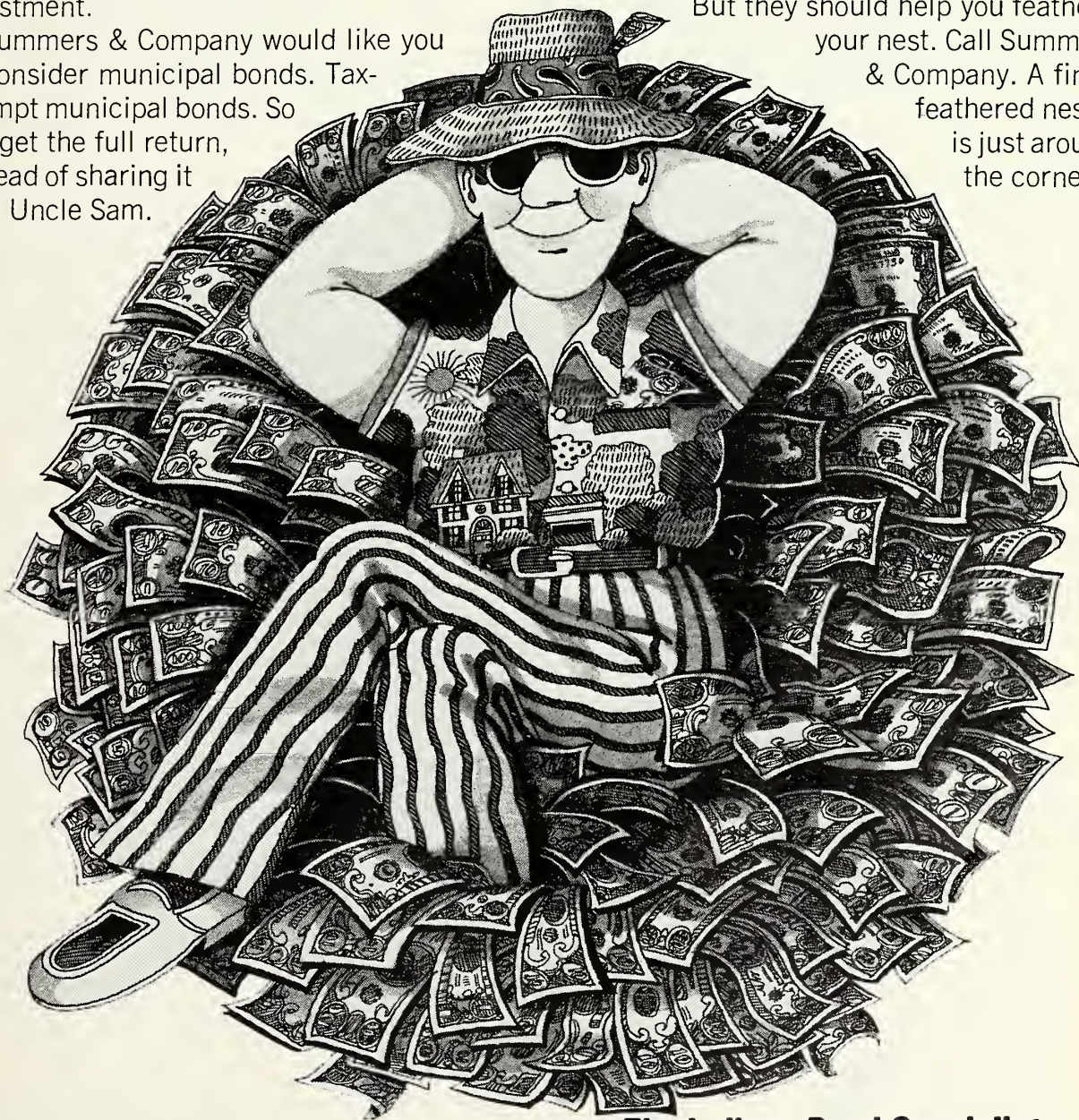
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# MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and airmailed to The Journal on the first of each month preceding month of issue.

In a major national address President Carter urged voluntary restraint of labor and management to curb wage and price increases. Though rejecting mandatory controls for all other segments of the economy, he urges passage of his hospital cost containment bill that would place a lid on hospital revenue increases.

The President said that daily hospital costs have jumped from \$15 in 1950 to more than \$288 today. "And physician fees have gone up 75% faster than other consumer prices."

In the immediate wake of the President's speech, Health, Education and Welfare Secretary Joseph Califano announced a number of belt-tightening measures, primarily the importance to the Administration of passing hospital revenue cap legislation.

The HEW Secretary said that he expects Congress will approve his plan to "cap" hospital revenues 9% a year. He also said that Sens. Edward Kennedy (D-Mass.) and Herman Talmadge (D-Ga.), chairmen of the two Senate health subcommittees, have apparently reached agreement after a long impasse to bring the proposal to the Senate floor this year.

Congressional leaders, including Robert C. Byrd (D-W.Va.), the Senate majority leader, indicated they would push hospital cost containment as a major bill this session.

The most important regulatory measure in Secretary Califano's belt-tightening list will limit Medicare payment for laboratory tests and medical equipment "to

the lowest price that is widely available for the same quality in a particular community, instead of paying on the basis of average charges or even higher ones."

The HEW Secretary told reporters that "the medical profession itself has begun to recognize the need to control the increases in health care costs." He said physicians "are pilots in this airplane of medicine," and are increasingly ready to respond to cost-cutting efforts because of the realization that the alternative might be federal controls.

The National Commission on the Cost of Medical Care established by the American Medical Association issued recommendations on effective delivery of medical services that "deserve prompt action," Califano said.

The Voluntary Effort by the AMA, American Hospital Association, and Federation of American Hospitals, was criticized by Califano, who said it "doesn't look to me as if there is much voluntary restraint . . ." However, he indicated that, if necessary, the Administration would support a bill in Congress by Rep. Rostenkowski that would afford the Voluntary Effort an opportunity to prove itself.

\* \* \* \* \*

Labor leaders and Senator Kennedy are again calling upon the White House with redrafted versions of their brand of national health insurance (NHI) in search of some sort of face-saving compromise. And the President, though his welcome mat is out, is reportedly doing his best to convince Labor to draw back a bit from its original insistence on a wide-sweeping plan to go along with an affordable approach that the Congress might buy.

Labor has told the President it is willing to abandon provisions of its Health Security Act under which the federal government would handle all of the financing for NHI, eliminating private health insurance. The current discussions center on how far Labor is willing to retreat.

President Carter needs Labor's support if the Administration's NHI program stands any chance at all of clearing Congress.

So far, White House talks appear to be leaning toward an "opt out" plan under which the federal government would establish a NHI program, including Medicare and Medicaid, with the private sector allowed to construct private health insurance packages that meet federal standards.

Areas for future discussion include:

- **Administration** — participation of private insurance companies. Labor has shifted slightly from its previous position of "no role" for the private insurance sector to a limited underwriting role with rigid federal regulation. The Administration feels this shift is not enough and has

CONTINUED ON PAGE 532



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# MONTH IN WASHINGTON

CONTINUED FROM PAGE 530

suggested that Labor present some alternatives for further discussion.

- **Benefit package** — there appears to be some progress in this area but the White House still believes Labor's package is too costly. Labor insists on "first dollar coverage," but the White House staff would like an alternative incorporating some consumer cost-sharing through co-insurance and/or deductibles.

- **Cost containment** — Labor continues to favor a NHI budget with fixed "caps" administered at the federal level. The White House noted the political and administrative difficulties of such an approach and wants to discuss alternatives such as prospective reimbursement.

- **Financing** — apparent agreement was reached that Social Security financing cannot be used for NHI. But no agreement has been reached on how best to finance a NHI plan.

The President will announce his NHI principles shortly. A "package of NHI specifications" (not in bill form) will be forwarded to the Congress by August so legislative hearings can be scheduled. Kennedy told reporters he plans hearings by his health subcommittee this summer.

\* \* \* \* \*

**Vital decision-making authority on drug treatment of patients would be transferred from the practicing physician to bureaucrats in Washington under legislation before Congress, the AMA has warned.**

Testifying on sweeping bills to change the nation's drug laws, the AMA told Sen. Kennedy's health subcommittee that the Administration bill "improperly crosses the line which should separate the regulation of drugs to assure their safety and efficacy and the regulation of the practice of medicine through the regulation of drugs."

William C. Felch, M.D., Chairman of AMA's Council on Legislation, testified that provisions in the measure "would allow medical decisions to be made by a government agency." Dr. Felch pointed to provisions allowing HEW to impose dispensing and distributing conditions on drug use; requirements for patient information labeling for nearly all drugs even against physician's recommendations; and authority for the government to decide such factors as relative efficacy in comparison with other treatment modes, intentional abuse potential and use for non-approved purposes.

"We believe that the patients of this country want their treatment decisions to be made by physicians of their choice — physicians who have the responsibility for the individual patient's care — and not by a federal bureaucracy," Dr. Felch testified.

\* \* \* \* \*

**The AMA has raised a warning flag for legislation aimed at centralizing government evaluation of medical technology.**

"Authority to centralize the evaluation of technology, using such factors as cost effectiveness . . . not only could lead to a stifling of research and other creative initiatives . . . but also could serve to regiment and limit physician options in providing treatment to patients on

an individualized basis," said William Felch, M.D., chairman of the AMA Council on Legislation.

Dr. Felch made the statement in testimony prepared for the House Commerce Health Subcommittee, which is considering three bills dealing with medical technology research.

One would establish the National Institute of Health Care Research as an independent research entity parallel to the National Institutes of Health (NIH). The Institute would conduct research into health care delivery. The bill also would establish a new National Center for Evaluation of Medical Technology.

Another bill would establish, within NIH, a Center for the Evaluation of Medical Practice. This Center would conduct and support research on the evaluation of the effectiveness of medical practice, including evaluations of diagnostic and case finding techniques, therapeutic procedures, and the appropriate use of facilities, equipment and technology.

The final bill would extend and expand federal activities relating to health services research and the collection of health statistics. Dr. Felch said that "effective medical treatment can only be provided when the physician's professional judgment is not preempted by restrictive guidelines, regulations or legislation."

The AMA official said the legislation implies that the assessment of medical technology is not adequate and that the dissemination of the results of research is not widespread. "Such is not the case and overlooks the fact that information about new research discoveries is widely disseminated through both the scientific and lay media and that any new technological development is subject to regular comment and criticism by both research authorities and experts in the social and other sciences," the physician said.

\* \* \* \* \*

**The government's most recent list of Medicare payments to all physicians has been made public. But digging out the information will be tough.**

HEW contends the Freedom of Information laws compel the release of the Medicare data to the public. Last year, HEW issued names and payment only for physicians collecting \$100,000 or more from Medicare revenues. This year, all totals, however small, of every physician who treated a Medicare patient, whether on assignment or not, will be listed.

Following the debacle of last year when the list was replete with errors, HEW and the carriers have made strenuous efforts to get the figures right this time, sending physicians in advance the totals and asking them to verify them. The project is estimated to cost about \$1 million.

Some 274,000 physician's names are on the list plus nursing homes, clinics, dentists, and chiropractors, adding up to more than 300,000 entries. Only two master lists will be available—one in the office of Secretary Califano, the other at Social Security's headquarters in Baltimore, Md. The master lists—in alphabetical order—comprise volumes a number of feet thick.

HEW Regional Offices will refer public inquiries to the appropriate carriers for Medicare, which must make their lists public to anyone who asks.

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'Ancef' may be given either IM or IV at the same dosage schedule.

Most infections can be treated with 500 mg. to 1 gram every 8 hours.

(See complete prescribing information in PDR or SK&F literature for full dosage instructions.)

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Infrequent phlebitis; no nephrotoxicity reported. Transient rises in BUN, SGOT, SGPT and alkaline phosphatase have been reported without clinical evidence of renal or hepatic impairment.

Before prescribing, see complete prescribing information in SK&F literature or PDR. The following is a brief summary.

**Indications:** Ancef® (sterile cefazolin sodium, SK&F) is indicated in the treatment of the following serious infections due to susceptible organisms.

**Respiratory tract infections** due to *Streptococcus (Diplococcus) pneumoniae*, *Klebsiella* species, *Hemophilus influenzae*, *Staphylococcus aureus* (penicillin-sensitive and penicillin-resistant), and group A beta-hemolytic streptococci.

Injectable benzathine penicillin is considered to be the drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever.

'Ancef' is effective in the eradication of streptococci from the nasopharynx; however, data establishing the efficacy of 'Ancef' in the subsequent prevention of rheumatic fever are not available at present.

**Genitourinary tract infections** due to *Escherichia coli*, *Proteus mirabilis*, *Klebsiella* species, and some strains of enterobacter and enterococci.

**Skin and soft-tissue infections** due to *S. aureus* (penicillin-sensitive and penicillin-resistant) and group A beta-hemolytic streptococci and other strains of streptococci.

**Bone and joint infections** due to *S. aureus*.

**Septicemia** due to *Str. pneumoniae*, *S. aureus* (penicillin-sensitive and penicillin-resistant), *P. mirabilis*, *E. coli*, and *Klebsiella* species.

**Endocarditis** due to *S. aureus* (penicillin-sensitive and penicillin-resistant) and group A beta-hemolytic streptococci.

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to 'Ancef'.

**Contraindications:** 'Ancef' is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

**Warnings:** BEFORE CEFAZOLIN THERAPY IS INSTITUTED, CAREFUL INQUIRY SHOULD BE MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO CEPHALOSPORINS AND PENICILLIN. CEPHALOSPORIN C DERIVATIVES

SHOULD BE GIVEN CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS.

SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE EPINEPHRINE AND OTHER EMERGENCY MEASURES.

There is some clinical and laboratory evidence of partial cross-allergenicity of the penicillins and the cephalosporins. Patients have been reported to have had severe reactions (including anaphylaxis) to both drugs.

Antibiotics, including 'Ancef', should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

**Usage in Pregnancy**—Safety of this product for use during pregnancy has not been established.

**Usage in Infants**—Safety for use in prematures and infants under one month of age has not been established.

**Precautions:** Prolonged use of 'Ancef' may result in the overgrowth of non-susceptible organisms. Careful clinical observation of the patient is essential.

When 'Ancef' is administered to adults or children with low urinary output because of impaired renal function, lower daily dosage is required (see dosage instructions in the package literature).

A false-positive reaction for glucose in the urine may occur with Clinitest® tablets; use glucose enzyme-type reagents.

**Adverse Reactions:** The following reactions have been reported: Drug fever, skin rash, vulvar pruritus, eosinophilia, neutropenia, leukopenia, thrombocythemia, and positive direct and indirect Coombs tests have occurred. Transient rise in SGOT, SGPT, BUN, and alkaline phosphatase levels has been observed without clinical evidence of renal or hepatic impairment. Nausea, anorexia, vomiting, diarrhea, and oral candidiasis (oral thrush) have been reported. Pain at the site of injection after intramuscular administration has occurred, some with induration. Phlebitis at the site of injection has been noted. Other reactions have included genital and anal pruritus, genital moniliasis, and vaginitis.

**Administration and Dosage:** 'Ancef' may be administered intramuscularly or intravenously after reconstitution. See the package literature for reconstitution procedures.

See the package literature for dosage recommendations.

**How Supplied:** 'Ancef' (sterile cefazolin sodium, SK&F)—supplied in vials equivalent to 250 mg., 500 mg. or 1 gram of cefazolin; in "Piggyback" Vials for intravenous admixture equivalent to 500 mg. or 1 gram of cefazolin; and in Pharmacy Bulk Vials equivalent to 5 grams or 10 grams of cefazolin.

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## CANCER CORNER

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### New Literature

**Pituitary Tumors**—Presents a compact discussion of these tumors—pituitary anatomy and function, clinical diagnosis, and the modalities of treatment by surgery, radiation and drugs. Skull x-rays and hormone and therapy tables supplement the text.

**Epidermoid Cancer of the Vulva**—Discusses the essential diagnostic procedures and the organized treatment protocol that must follow. Treatment procedure is graphically presented in a flow chart. Staging is described, and both the FIGO method and the system recommended by the authors are tabulated.

**Evaluating Common Intro-abdominal Masses in Children—A Systematic Roentgenographic Approach**—A systematic approach to the evaluation of intro-abdominal masses in neonates and children up to the age of eight years, especially those with involvement of the urinary system and adrenal gland. The step-wise procedure includes the selective use of the basic procedures of plain roentgenography, excretory pyelography, ultrasonography, and isotope scanning.

(All the above literature, as well as the film discussed below, is available from the American Cancer Society, Indiana Division.)

### New Film

**Nursing Care of Patients with Colon Stomas**—A film depicting the physical, emotional and rehabilitative nursing care of patients with colon stomas.

The physiological differences among sigmoid, transverse and ascending colon stomas are described, as well as problems of their management.

Emphasis is placed on the teaching and supportive roles of the nurse in helping patients resume their normal activities.

### Narcotics for Cancer Patients

The following statement has been issued by the Ad Hoc Committee on the Use of Narcotics for Cancer Patients, a special committee of the National American Cancer Society:

"Pain is a major health problem in this country; especially the kind of pain that is sometimes encountered in patients with cancer.

"According to experts, the treatment of pain and accompanying symptoms (i.e., fear, anxiety, depression, weakness, nausea, and vomiting) needs to be considerably improved. This in spite of the fact that there are agents and techniques presently available that can provide relief for the majority of those patients; however, none of these approaches is without its shortcomings and there is always a need for improvement.

"The American Cancer Society wishes to go on record as supporting the research of any agent or technique for which there may be evidence of a therapeutic advantage, including some currently restricted agents such as heroin, cocaine, marijuana, etc.

"The American Cancer Society also supports the continuing education of health professionals in more effective use of what is currently available."

### Childhood Cancer Committee

The word "cancer" deals a stunning blow to a person of any age. But cancer's impact is probably at its greatest when the patient is a child. The Indiana Division's Childhood Cancer Advisory Committee was formed a year ago to identify the special needs of children with cancer and to recommend new or revised programs to meet those needs.

Since its first meeting in January, the group's concerns have cut across traditional ACS program lines.

Chairman Robert Baehner, M.D. of Indianapolis has divided the committee into "task groups" for Professional Education, Patient and Family Services, and Public Education and Information. Each of the task groups has prepared objectives and is nearing completion on at least one project.

Jay Grosfeld, M.D. heads the Professional Education component of the committee and has prepared a poster that lists the danger signs for childhood cancers. It was highlighted at last year's Indiana State Medical Association Annual Meeting.

Pam Flummerfelt, R.N. and her Committee for Patient and Family Services are compiling a handbook for families of children with cancer. The manual will be used initially at James Whitcomb Riley Hospital for Children, Indianapolis. It may be made available in adapted form on a statewide basis.

Virginia Wagner, M.D. heads the task force for Public Education and Information. This group is reviewing available information and investigating methods of increasing public awareness of the detection, referral, and treatment processes involved with childhood cancers.

Dr. Baehner is the Director of the Pediatric Hematology-Oncology Division of James Whitcomb Riley Hospital for Children, Indianapolis.

Dr. Grosfeld and Ms. Flummerfelt are also members of the Riley staff. Dr. Wagner is an Indianapolis pediatrician.

Other members of the Childhood Cancer Advisory Committee are: Robert Chilcote, M.D., Chicago; Isaac Hargett, M.D., Evansville; James Hill, M.D., Fort Wayne; Margaret Morse, R.N., Indianapolis; Paul Rider, M.D., Richmond; Eugene Roach, M.D., Bloomington; William Scully, M.D., Terre Haute; Homanyoon Shidnia, M.D., Indianapolis; and Robert Weetmen, M.D., Indianapolis.



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# TAX TIPS

LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's lawyer before applying the data in this article to a particular fact situation.

This article continues my discussion of the gift and estate tax sections of the Tax Reform Act of 1976 (TRA) and the proposed changes which are in the Technical Corrections Bill (TCA).

As to section 2041, this section still provides that if an individual has a general power of appointment at the individual's death, then the decedent's gross estate will include the value of the property (at the appropriate valuation date) which the decedent could have appointed by the power. Further, section 2041 still provides an estate tax exclusion for property which is subject to a limited power of appointment by the individual. That is, such a holder of a limited power of appointment is still not considered to have made a death transfer for estate tax purposes. However, the TRA removed the language in section 2041 which stated that: a disclaimer or a renunciation of a general power of appointment is not a release (a death transfer) of the property which could be appointed by the general power of appointment. The purpose of this deletion was not to make such disclaimers or renunciations automatically taxable, but instead, the purpose was to allow the estate tax result of such disclaimers and renunciations to be treated under the new qualified disclaimer provisions, in new section 2518. In general, section 2518 provides a uniform federal method for making such disclaimers and renunciations so that, if the new procedure is followed, then a renunciation or disclaimer may be taxable for estate tax purposes, even though the renunciation or disclaimer is effective, as a renunciation or disclaimer, under the particular state law.

As to section 2042, no change was made by the TRA (nor is any change proposed by the TCA). In brief, section 2042 provides that if an individual dies while the individual is insured with life insurance which is payable to the individual's estate, then the decedent's gross estate will include, for estate tax purposes, the amount which is receivable by the estate due to the policy, even if the decedent does not have an incident of ownership in the life insurance policy. Further, if an individual has an incident of ownership in a life insurance policy on the individual's life, then, even if the life insurance policy is payable to a beneficiary (other than the decedent's estate), the decedent's gross estate will include, for estate tax purposes, the amount which is receivable by such beneficiary due to the policy.

Similarly, as to section 2043, there was no change made by the TRA (and there is no proposed change in the TCA). Again, in brief, section 2043 provides that if section 2035, 2036, 2037, 2038, or 2041 is applicable to an interest which arose out of a transaction which involved a sale or exchange of property by an individual, then such sections shall require the inclusion, in the individual's gross estate, for estate tax purposes, of only the excess of the applicable fair market value of the interest in the property involved (and which is otherwise includable in the individual's gross estate) over the value of the consideration so received by the decedent.

Thus, to recapitulate, the form of the computation of gross estate is still made in the same manner as before the TRA and the TCA—namely: total estate less exclusions. And, the only significant changes which the TRA made concerning the exclusionary-inclusionary gross estate sections are that the TRA:

1. Provided a specific method for disclaiming and renouncing death transfers;

2. Deleted the prior rule concerning gifts in contemplation of death and provided that certain gifts which an individual makes during the individual's life, and within three years of the individual's death, are automatically includable in the individual's gross estate for estate tax purposes;

3. Provided that if an individual makes a gift of certain corporate stock to another person, and retains the voting power of the stock for one of the three periods (which are stated in section 2036), then the value of the stock may be includable in the individual's gross estate, for estate tax purposes;

4. Expanded the exclusionary rule, concerning certain interests in qualified employer retirement plans, to allow exclusions (from a decedent's gross estate, for estate tax purposes) for certain interests which a self-employed individual has in either an H.R. 10 plan or in an I.R.A. and for certain interests which an employed person has in an I.R.A.; and

5. Provided that if one or both spouses create an interest (as joint tenants with rights of survivorship or as tenants by the entirety), in either person or real property, then, insofar as section 2040 is concerned, only one-half of the appropriate value of such property is includable in the gross estate, for estate tax purposes, of the first spouse to die.

And, the TCA:

1. Provides additional modifications to the new "three-year gift" rule;

2. Provides additional modifications to the new "retention of voting power of transferred stock" rule;

3. Expands the exclusionary rule, concerning certain interests in qualified retirement plans, to allow exclusions (from a decedent's gross estate, for estate tax purposes) for certain interests which a nonworking spouse has in a S.I.R.A.; and,

4. Provides additional modifications to the new "property held jointly between spouses with survivorship rights" rule, particularly, as to property which was acquired prior to 1977.

## Estate Tax Deductions

The status of the estate tax deductions, after the TRA (and, ostensibly, after the TCA) is, in one sense, about the same as before the TRA. However, from another view, the changes involve concepts which are so complex that it will be years before the average practitioner (or tax lawyer, for that matter) is able to predict the specific ramifications of lifetime transfers under the new law.

Prior to the TRA, there were five sections which allowed estate tax deductions. As to these five sections, the TRA amended two of them and repealed one of them. In addition, the TRA added a new section. And, in general, each of the changes is beneficial to taxpayers.

Specifically, prior to the TRA there were (and still are) four deductions which were allowable deductions from gross estate in arriving at adjusted gross estate and there were (and still are) three deductions which were allowable deductions from adjusted gross estate in arriving at taxable estate. The estate tax deductions which were (and are) allowable in arriving at adjusted gross estate were authorized by two sections. First, section 2053 authorized (and still does) deductions for: funeral

CONTINUED ON PAGE 540

# When **impotence** due to androgenic deficiency is driving them apart



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**Android<sup>®</sup>-25** Oral  
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**Methyltestosterone U.S.P. – 5, 10, 25 mg.**

#### Additional Indications:

**REPLACEMENT THERAPY.** When Androgen Deficiency is cause of:

- Male Climacteric
- Eunuchoidism, Eunuchism
- Post-Puberal Cryptorchidism

### New Double-Blind Study **ANDROID-25 vs. Placebo\***

\*R. B. Greenblatt, M.D.; R. Witherington, M.D.; I. B. Sipahioglu, M.D.; Hormones for Improved Sexuality in the Male and Female Climacteric. **Drug Therapy**, Sept. 1976.

**DESCRIPTION:** Methyltestosterone is 17 $\beta$ -Hydroxy-17-Methylandroster-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunichism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-puberal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric,

avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE**

**REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. **In the male:** Eunuchoidism and eunichism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpuberal cryptorchidism, 30 mg. **REFERENCE:** Robert B. Greenblatt, M.D., and D. H. Perez, M.D.: "The Menopausal Syndrome," *Problems of Libido in the Elderly*, pp. 95-101. Medcom Press, N.Y., 1974. **HOW SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.

# TAX TIPS

CONTINUED FROM PAGE 538

expenses; administration expenses; claims against the estate; and, unpaid mortgages or other indebtedness on property which is includable in the decedent's gross estate. Second, section 2054 authorized (and still does) deductions for uninsured casualty losses which occurred during the administration of the estate.

In the case of deductions for administration expenses, some of these expenses were also deductible for fiduciary income tax purposes under the appropriate income tax provision, for example, under section 162 (concerning business expenses) or under section 212 (concerning expenses for the production of income or for the management of property, etc.). However, as to these potential "double" deductions (for estate tax and for income tax), section 642(g) provided (and still does) that the fiduciary of the estate had to elect to deduct the expenses either under section 2053 (for estate tax purposes) or under the appropriate income tax provision. That is, the potential "double" deduction was eliminated.

Then, in the case of *Estate of Viola E. Bray*, 396 F.2d 452 (6th Cir. 1968), the court held that, in certain cases, selling expenses of securities (which were held by the estate) could be deducted as administration expenses, for estate tax purposes under section 2053, and also, such selling expenses could be used to offset the sale price of the securities for the purpose of computing gain or loss from the sale of the securities for income tax purposes. That is, the court considered this double use of selling expenses to be—one "deduction" and one "reduction"—and not—two deductions.

However, in order to put selling expenses in the same category as other administration expenses, the TRA amended section 642(g) in order to require estate to elect to treat such selling expenses as deductions under section 2053 (for estate tax purposes), or, as deductions or sale price reductions for fiduciary income tax purposes. While this new provision does not amend any estate tax deduction provision, the change, obviously, has a direct affect on certain potential section 2053 deductions, and, this is the only change which affects items which are deductible in arriving at adjusted gross estate.

As to the estate tax deductions which were deductible from adjusted gross estate in arriving at taxable estate, there were three of them, namely, for: charitable transfers under section 2055; transfers to spouses under section 2056, that is, the marital deduction; and, the \$60,000 exemption under section 2056.

In the case of the estate tax charitable deduction of section 2055, the TRA limited this deduction in one respect and expanded the deduction in another respect. However, these changes are not significant.

As to the estate tax marital deduction of section 2056, I wish to note that the TRA did not change any of the general tests which must be met in order for a decedent to be entitled to an estate tax marital deduction. For example, a decedent will still be denied an estate tax marital deduction for death transfers (to the decedent's spouse) for non-deductible terminable interests.

However, the estate tax marital deduction has been substantially increased. Before the TRA, the estate tax marital deduction was equal to 50% of the decedent's adjusted gross estate, but the deduction could not exceed the net transfers so

given to the spouse. Thus, when an individual died, the decedent was entitled to an estate tax marital deduction which was equal to 50% of the decedent's adjusted gross estate (assuming that the decedent transferred that amount to the decedent's surviving spouse and assuming that the other requirements of section 2056 were met). Further, there was no fixed limitation on the total amount of the estate tax marital deduction which one spouse could deduct during such spouse's life. For example, if a decedent's adjusted gross estate were \$200,000, then the decedent could deduct an estate tax marital deduction of \$100,000, and, if the decedent's adjusted gross estate were \$800,000, then the decedent could deduct an estate tax marital deduction of \$400,000.

Now, that is, after the TRA, each decedent is entitled to a maximum estate tax marital deduction of the greater of: \$250,000; and, 50% of the decedent's adjusted gross estate. The reason why these new limitations are referred to as the "maximum" estate tax marital deduction limitations is because no decedent may take an estate tax marital deduction in excess of the greater of the new flat amount and percentage limitations. Of course, a particular decedent might not be able to take an estate tax marital deduction of an amount which is as great as the "maximum" limitations ostensibly allow, because, as stated above, no decedent is entitled to any estate tax marital deduction unless all of the requirements under section 2056 are met. For example, a decedent is not entitled to an estate tax marital deduction for a transfer (to the decedent's spouse) of a non-deductible terminable interest. In addition, as discussed below, the decedent may have to reduce the "maximum" estate tax marital deduction by certain gift tax marital deductions which the decedent deducted during the decedent's life.

Unlike the computation of the new gift tax marital deduction, the computation of the new estate tax marital deduction is only somewhat more difficult than the computation was before the TRA. That is, aside from the normal computation problems which are associated with the computation of the estate tax marital deduction under particular formula clauses, the basic computation after the TRA is as follows.

1. First, determine the net value of the property which is eligible for the estate tax marital deduction. In no case may the estate tax marital deduction exceed this amount.
2. Second, determine the greater of: \$250,000; and, 50% of the decedent's adjusted gross estate.
3. Third, as discussed below, determine the reduction of the maximum estate tax marital deduction (as determined in step 2, above, which reduction is required because of certain gift tax marital deductions which the decedent deducted during the decedent's life.
4. Fourth, reduce the greater of the two maximum estate tax marital deduction limitations (as determined in step 2, above) by this reduction. In no case, may the estate tax marital deduction exceed the reduced amount of the greater of the two maximum estate tax marital deduction limitations.

If you would like a copy of my complete discussion of the major gift and estate provisions of the TRA and the TCA, you may obtain one (along with several other articles concerning the TRA) by writing: R & R Newkirk, Legal Department, P.O. Box 1727, Indianapolis 46206.

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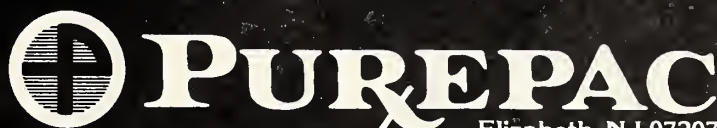
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100 .....	Darvon Comp. 65 © .....	7.83	Propoxyphene HCl Comp. 65 © .....	<b>4.63</b>	<b>3.20</b>
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#### Brief Summary of Prescribing Information Combined TEGOPEN® (cloxacillin sodium) Capsules and Oral Solution

For complete information, consult Official Package Circular.

(12) TEGOPEN 9/11/75

**Indications:** Although the principal indication for cloxacillin sodium is in the treatment of infections due to penicillinase-producing staphylococci, it may be used to initiate therapy in such patients in whom a staphylococcal infection is suspected. (See Important Note below.)

Bacteriologic studies to determine the causative organisms and their sensitivity to cloxacillin sodium should be performed.

**Important Note:** When it is judged necessary that treatment be initiated before definitive culture and sensitivity results are known, the choice of cloxacillin sodium should take into consideration the fact that it has been shown to be effective only in the treatment of infections caused by pneumococci, Group A beta-hemolytic streptococci, and penicillin G-resistant and penicillin G-sensitive staphylococci. If the bacteriology report later indicates the infection is due to an organism other than a penicillin G-resistant staphylococcus sensitive to cloxacillin sodium, the physician is advised to continue therapy with a drug other than cloxacillin sodium or any other penicillinase-resistant semi-synthetic penicillin.

Recent studies have reported that the percentage of staphylococcal isolates resistant to penicillin G outside the hospital is increasing, approximating the high percentage of resistant staphylococcal isolates found in the hospital. For this reason, it is recommended that a penicillinase-resistant penicillin be used as initial therapy for any suspected staphylococcal infection until culture and sensitivity results are known.

Cloxacillin sodium is a compound that acts through a mechanism similar to that of methicillin against penicillin G-resistant staphylococci. Strains of staphylococci resistant to methicillin have existed in nature and it is known that the number of these strains reported has been increasing. Such strains of staphylococci have been capable of producing serious disease, in some instances resulting in fatality. Because of this, there is concern that widespread use of the penicillinase-resistant penicillins may result in the appearance of an increasing number of staphylococcal strains which are resistant to these penicillins.

Methicillin-resistant strains are almost always resistant to all other penicillinase-resistant penicillins (cross-resistance with cephalosporin derivatives also occurs frequently). Resistance to any penicillinase-resistant penicillin should be interpreted as evidence of clinical resistance to all, in spite of the fact that minor variations in *in vitro* sensitivity may be encountered when more than one penicillinase-resistant penicillin is tested against the same strain of staphylococcus.

**Contraindications:** A history of a previous hypersensitivity reaction to any of the penicillins is a contraindication.

**Warning:** Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. Although anaphylaxis is more frequent following parenteral therapy it has occurred in patients on oral penicillins. These reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens.

There have been well documented reports of individuals with a history of penicillin hypersensitivity reactions who have experienced severe hypersensitivity reactions when treated with a cephalosporin. Before therapy with a penicillin, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. If an allergic reaction occurs, the drug should be discontinued and the patient treated with the usual agents, e.g., pressor amines, antihistamines, and corticosteroids.

Safety for use in pregnancy has not been established.

**Precautions:** The possibility of the occurrence of superinfections with mycotic organisms or other pathogens should be kept in mind when using this compound, as with other antibiotics. If superinfection occurs during therapy, appropriate measures should be taken.

As with any potent drug, periodic assessment of organ system function, including renal, hepatic, and hematopoietic, should be made during long-term therapy.

**Adverse Reactions:** Gastrointestinal disturbances, such as nausea, epigastric discomfort, flatulence, and loose stools, have been noted by some patients. Mildly elevated SGOT levels (less than 100 units) have been reported in a few patients for whom pretherapeutic determinations were not made. Skin rashes and allergic symptoms, including wheezing and sneezing, have occasionally been encountered. Eosinophilia, with or without overt allergic manifestations, has been noted in some patients during therapy.

**Usual Dosage:** Adults: 250 mg. q. 6h.

Children: 50 mg./Kg./day in equally divided doses q. 6h. Children weighing more than 20 Kg. should be given the adult dose. Administer on empty stomach for maximum absorption.

**N.B.:** INFECTIONS CAUSED BY GROUP A BETA-HEMOLYTIC STREPTOCOCCI SHOULD BE TREATED FOR AT LEAST 10 DAYS TO HELP PREVENT THE OCCURRENCE OF ACUTE RHEUMATIC FEVER OR ACUTE GLOMERULONEPHRITIS.

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NOTE: The choice of Tegopen should take into consideration the fact that it has been shown to be effective only in the treatment of infections caused by pneumococci, Group A beta-hemolytic streptococci, and penicillin G-resistant and penicillin G-sensitive staphylococci. If the bacteriology report later indicates that the infection is due to an organism other than a penicillin G-resistant staphylococcus sensitive to cloxacillin sodium, the physician is advised to continue therapy with a drug other than cloxacillin sodium or any other penicillinase-resistant semisynthetic penicillin. The clinical significance of *in vitro* data is unknown.

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‡Maximum absorption occurs when Tegopen is taken on an empty stomach, preferably 1-2 hrs. before meals.



Please see brief summary  
for prescribing information.

# Fort Wayne's Woman Doctor

**S**he listens to her patients more than she talks to them. That, Dr. Priya Shah believes, is what her patients most appreciate about her.

"One of my patients told me she had been to several doctors," Dr. Shah said, "and that she was better able to explain things. . .her feelings . . .to me. She thought I understood her."

The 29-year-old native of India started her family practice here in June. Currently, she is the only woman in private practice in the city.

"I was surprised there were no women," she said as she sat in her apartment on the southside of Fort Wayne. "I thought, in a town this size, there would be a few."

When she was in medical school in India, 30% of the class members were women.

"In this country," she said, "I think it's more like 10% women."

Dr. Shah and her husband, Nagin, an internal auditor, came to Fort Wayne from New York City, a place they found too big and too fast-paced.

"I worked in an emergency room of a hospital there for two years," she said. "I came across all kinds of things. That was the most experience in the world."

When the Shahs made the decision to move, Dr. Shah started looking and she met a local doctor, Ernest Anderson, who was looking for a partner.

"It sounded good to me," she said of the partnership. At almost the same time, Nagin was offered a job with the local industry.

Nagin had originally come to this country to do graduate work in business and when he returned to India, he met Dr. Shah, who was then chief resident physician in the Mahendrashihji Hospital in Morvi, Gujarat, India.

"It was a hospital specifically for women," she explained, "which is typical in India." During her three years there, she delivered more than 2,000 babies. Obstetrics still is her favorite area of medicine.

"I've had one delivery since I've been here," she said, and smiled as she remembered the 19-year-old patient.

"It's a pretty good way," she said of the method Americans use to deliver babies. "My patient went through it so beautifully, because she was well prepared, mentally, and that really helps."

Dr. Shah believes in the "natural process" for birth as much as possible. "If a woman is prepared, she can usually go through delivery naturally."

Many patients have come to her because she is a woman. One woman even called her and asked if she believed in the women's movement.

"I told her to come in and we'd talk about it," Dr. Shah smiled. "When she came in, she said she'd been to a doctor who told her to stay home and cook."

Dr. Shah smiled and added: "Every person has their own freedom, I believe. But I don't believe in extremes. . .males and females have roles and neither can do everything by themselves."

She looked at her husband and continued: "I need my husband. Every person needs someone, emotionally. We are so close, we really know each other's feelings."

Someday, Dr. Shah said, she and Nagin would like to have children. But she doesn't think she'll ever give up her practice.

"It's one of the greatest pleasures I'm having right now," she said. "If I couldn't do it anymore, I think that would be the worst thing; I don't think I could survive."

"Now I'm able to make people feel better. To not be able to do that would be the hardest thing for me."

Dr. Shah originally decided to become a doctor for much the same reason. She laughed when money was suggested as a reason.

"You can't make your life for money," she said. "I just wanted to help other people. My brother was a doctor and I saw him helping. I just wanted to help."

Part of her understanding of and empathy for her patients comes from her religious beliefs, she said.

Every morning, before she goes to her office, she spends 30 minutes in prayer and meditation. She said she does not find it hard to maintain her Hindu beliefs, even in a country where the religion is unusual.

"You can do it on your own," she said. "I have my own temple where I pray."

Reprinted with permission from THE NEWS-SENTINEL, Fort Wayne. The original article was written by Debby Brian, a staff writer with the newspaper.

## Dr. Priya Shah

*"In India, people have no insurance and they have no money. There's so much suffering and they very often don't have enough to eat. I cried with them. . . ."*

"I do believe in God," she added. "No matter how smart you are, God is greater. The best help and the best strength come from Him."

The Shahs said their lives would not be so terribly different if they had stayed in India, except both of their professions are more advanced here.

"Couples where both are professionals are common in India," Nagin said, "But there is more opportunity here; we are learning so much."

One thing, however, that is different for Dr. Shah, is that in this country she is doing the cooking and cleaning for herself and her husband.

"In India, the men do nothing," she said. "There, I would not do anything, either (because she is considered middle class). I would have a cook and a maid. If my mother ever comes to visit, she'll be very surprised I'm doing all of this."

But Dr. Shah has learned she likes to cook. Both she and Nagin are vegetarians.

"I was raised a vegetarian," she said, "because of religious beliefs against killing another living thing."

Nagin laughed and said he had been converted along the way, but Dr. Shah said she does not try to get her patients to become vegetarians.

"I think it is a personal choice," she said, "and for me, it was more a religious reason than a health reason, even though there has been some evidence of disease from eating a lot of animal products."

"Still, I don't think there's a real proven medical reason right now."

Another thing different for Dr. Shah in this country is the type patient she cares for.



PHOTO BY ARGIL SHOCK

"In India, people have no insurance and they have no money. There's so much suffering and they very often don't have enough to eat. I cried with them. . . I was very sensitive to their problems."

It sometimes bothers Dr. Shah that she is not practicing medicine in her native country. However, she and Nagin plan to make Fort Wayne their home.

"I tell my patients we'll be here at least 20 years," she smiled, "because patients don't like to change doctors so frequently."

Many of Dr. Shah's patients are men but if a man didn't want her for a doctor, Dr. Shah said that would be all right with her. "That's fine if a patient feels that way," she said. "I don't think anyone should be forced to see me. After all," she smiled, "I have my choices, too."

As with all doctors, there are middle-of-the-night telephone calls, and many nights Dr. Shah comes home very tired.

"We usually go for a ride," Nagin said, "or go eat ice cream. That always helps."

And on those middle-of-the-night calls, Nagin often goes with Dr. Shah.

"I always get up, too," Nagin said. "I know her patients because we communicate with each other. I'll say 'Oh, he's the one with the gallbladder.'"

From the Indiana Court of Appeals

## A Malpractice Decision

Physicians who did not treat a patient were not liable for the negligence of another physician merely because they were all stockholders of a medical professional corporation, an Indiana appellate court ruled.

The physicians incorporated themselves as a professional corporation to operate and staff the emergency room of a hospital. A patient who was treated by one of the physicians who was a member of the professional corporation filed a malpractice suit against the physician, the hos-

Reprinted courtesy of THE CITATION, AMA, April 1, 1978.

pital, the corporation, and the rest of the physician-stockholders in the corporation. The trial court granted summary judgment for the physicians who had not treated the patient.

On appeal, the appellate court affirmed the decision. Under the professional corporation law of Indiana, the stockholders of the corporation could not be held personally liable for the negligence of one physician merely because they were stockholders of the corporation, the court said.—*Birt v. St. Mary Mercy Hospital of Gary, Inc.*, 370 N.E. 2d 379 (Ind. Ct. of App., Dec. 6, 1977)

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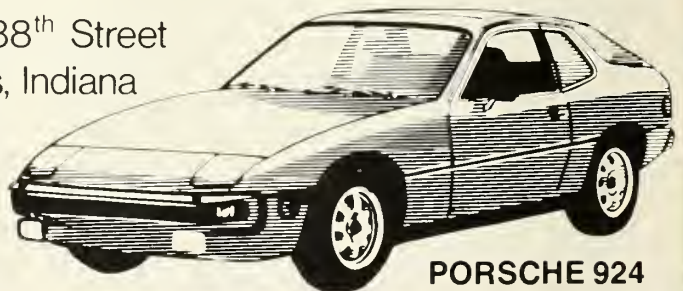
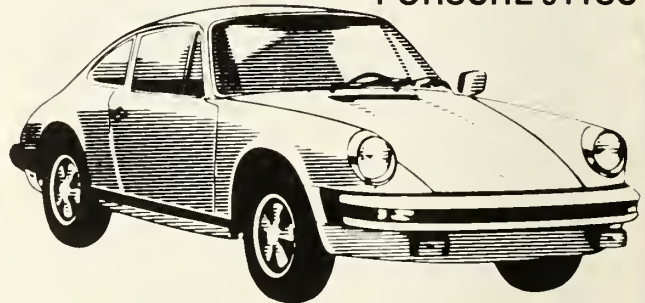
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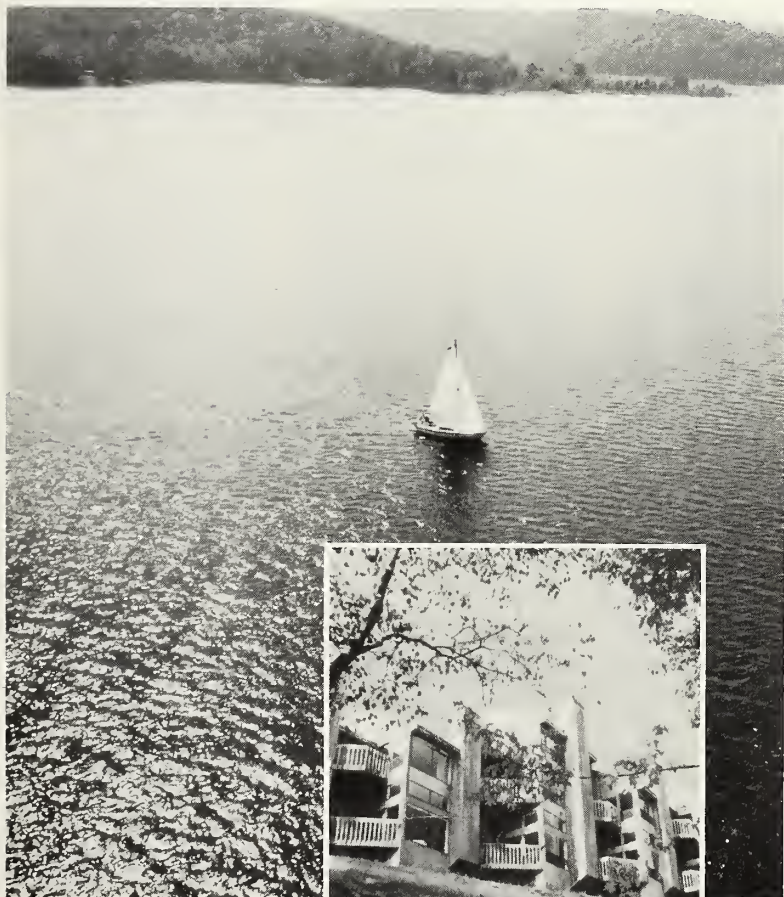
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## ABOUT THE COVER . . .

CONTINUED FROM PAGE 518

The visitor will be treated to a show of seasonal flowers—the parade of tulips begins in mid-May, followed by roses in June. Adding to the tableau are songbirds, ornamental shrubs and a tiny picturesque lake bordered by willow trees. The entire mecca is nestled in a rich valley with heavily wooded Lake Michigan dunes providing a background of green in all directions.

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Final classification of the less-than-effective indications requires further investigation.

**Contraindications:** Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.

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**\* Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

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**Warnings:** Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum  $K^+$  levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict  $K^+$  intake. Associated widened QRS complex or arrhythmia requires prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

**Precautions:** Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids).

Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum  $K^+$  frequently; both can cause  $K^+$  retention and elevated serum  $K^+$ . Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis.

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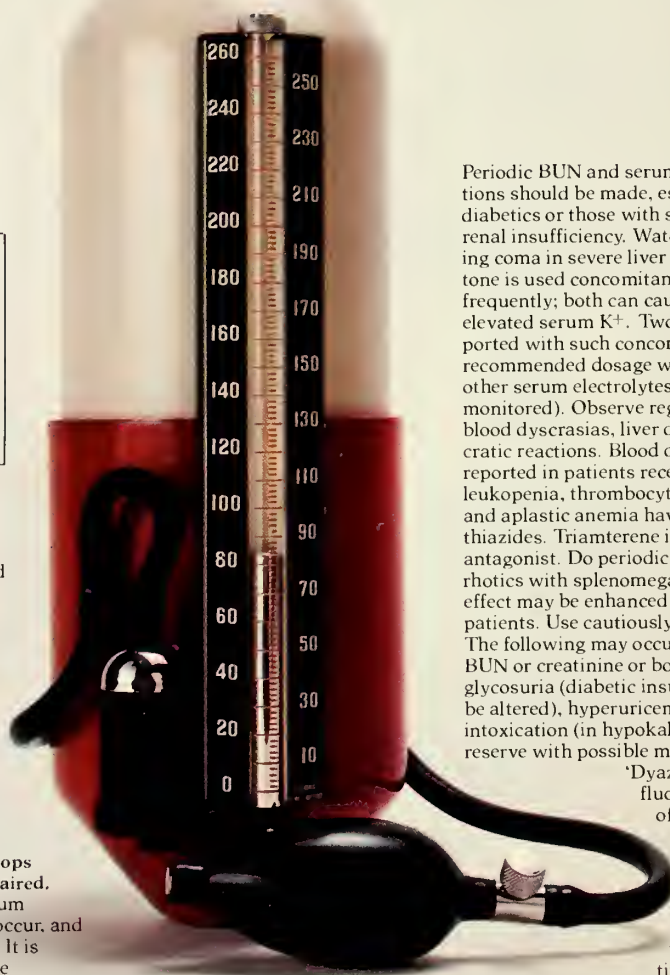
nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

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Through reading and following each article carefully and answering the Quiz correctly, one hour of Category 1 AMA Continuing Medical Education credit is offered for the reader's application for the Physician's Recognition Award of the American Medical Association.

Details and quiz on Page 569.



# HDL Cholesterol and Atherosclerosis

RICHARD C. POWELL, M.D.  
Indianapolis

A new chapter has been added to the cholesterol-atherosclerosis story, that of **High Density Lipoprotein Cholesterol** (HDL or Alpha Cholesterol). High Density Lipoproteins (HDL) are one of the major classes of plasma lipoproteins, yet probably the least understood in terms of pathophysiology.

The principle lipid in HDL is phospholipid; however, about 20% of the plasma total cholesterol also is found in HDL. It has been known for some time that men with coronary heart disease have increased total cholesterol concentrations but decreased circulating HDL levels when compared to healthy men. Thus, it is curious there has been so little interest in the 20% cholesterol fraction in HDL until recently.

HDL Cholesterol can be measured easily and economically. If a reagent such as heparin-manganese is added to plasma, other lipoproteins precipitate, leaving only HDL in solution. Cholesterol measured in the supernatant fraction, then, represents HDL Cholesterol. Values range from 30 to 75 mg/dl. The Indiana University clinical laboratories currently measure cholesterol by an enzymatic method giving the following results:

From the Department of Medicine, Indiana University School of Medicine, Indianapolis 46202.

## Cholesterol Distribution

### Total Cholesterol—

Women 115-240 mg/dl

Total Cholesterol—Men 120-260 mg/dl

HDL Cholesterol 20-25% 35- 45 mg/dl

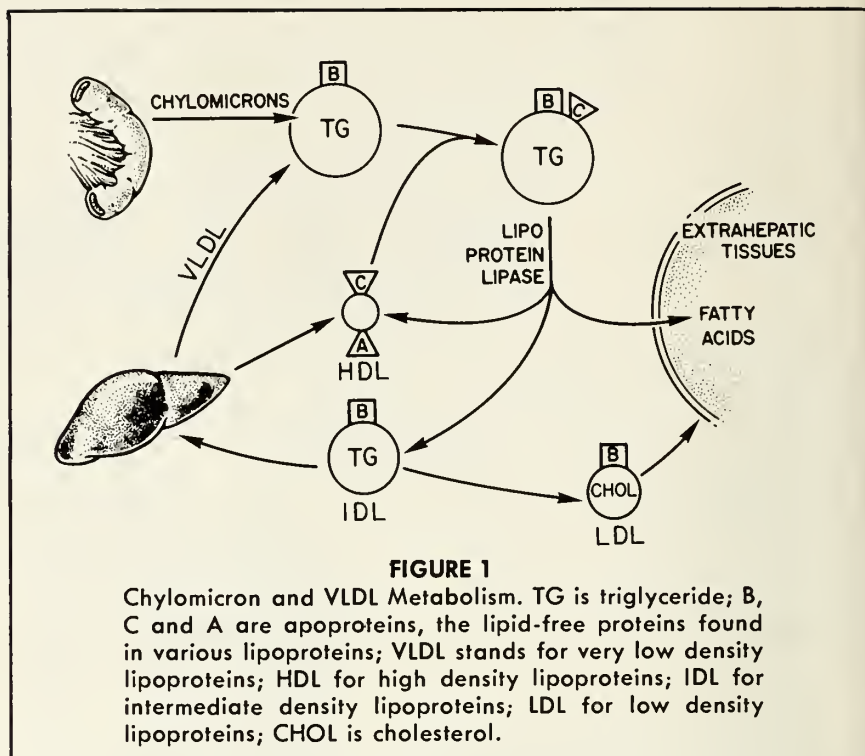
LDL Cholesterol 50-60%

VLDL Cholesterol 10-15%

Several investigators now have demonstrated that HDL Cholesterol is inversely related both to the prevalence and to the incidence of coronary heart disease—that is, low levels of HDL Cholesterol suggest accelerated atherosclerosis.<sup>1-4</sup> Furthermore, low HDL Cholesterol levels appear to be more predictive of coronary heart disease, and seem to be independent of the other, more familiar lipid risk factors such as increased total cholesterol, triglycerides, low density and very low density lipoproteins. This new information suggests that HDL Cholesterol may be a better guide than the more traditional clinical tests to assess lipid risk factors related to atherosclerosis.

Recent interest in HDL Cholesterol also has furthered our understanding of plasma lipoproteins. Most lipids circulate as large macromolecular lipid-protein complexes called lipoproteins and there are four major classes. (Table):

- **Chylomicrons** are large triglyceride-rich macromolecules formed in the intestine that transport exogenous or dietary fats to extrahepatic tissues (Figure 1). Lipoprotein lipase, found within the walls of capillaries, hydrolyzes the triglycerides in chylomicrons, thereby



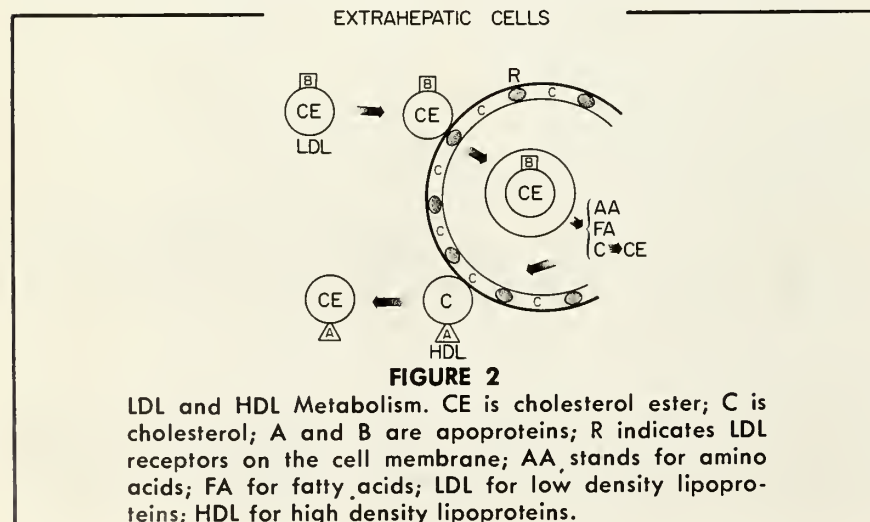
enhancing the uptake of fatty acids by extrahepatic tissues. Chylomicrons form a cream layer on top of plasma if allowed to stand overnight at 4°C. Chylomicrons remain at the origin when subjected to electrophoresis.

- **Very Low Density Lipoproteins (VLDL)** are large triglyceride-rich macromolecules formed by the liver that transport endogenously synthesized triglycerides to extrahepatic tissues (Figure 1). Hepatic triglyceride production often is induced or aggravated by dietary carbohydrate. Lipoprotein lipase hy-

drolyzes VLDL triglycerides, thus enhancing the uptake of fatty acids by extrahepatic tissues. Increased VLDL causes a diffuse plasma turbidity but does not form a cream layer. The electrophoretic mobility is pre-beta.

- **Low Density Lipoproteins (LDL)** are intermediate sized macromolecules rich in cholesterol esters. LDL is formed from the degradation or delipidation of VLDL and possibly chylomicrons. Current thinking suggests LDL may be concerned with the transport of cholesterol to extrahepatic tissues. LDL catabolism occurs in extrahepatic cells such as fibroblasts and smooth muscle cells (Figure 2). Peripheral cell defects in the uptake and/or metabolism of LDL cholesterol are associated not only with the accumulation of LDL in plasma, but also with increased intracellular cholesterol synthesis. Accelerated atherosclerosis is the end result.<sup>5</sup> Increased LDL does not cause plasma turbidity. The electrophoretic mobility is beta.

- **High Density Lipoproteins (HDL)** are small macromolecules rich in phospholipids but also containing cholesterol. Preliminary studies suggest HDL is needed for



# PLASMA LIPOPROTEINS

Lipoprotein Class	Chylomicrons	VLDL	LDL	HDL
Density	<0.96	<1.006	1.006-1.063	1.063-1.21
Major Lipid	Triglycerides	Triglycerides	Cholesterol Esters	Cholesterol and Phospholipids
Electrophoretic Mobility	Origin	Pre-Beta	Beta	Alpha
Appearance of Plasma	Cream Layer on top	Uniform Turbidity	Clear	Clear
Source	Dietary Fat (Intestine)	Dietary Carbohydrate (Liver)	Metabolic end product of VLDL	Liver (Intestine?)
Function	Transport of exogenous triglycerides	Transport of endogenous triglycerides	Transport of cholesterol and phospholipids to extrahepatic tissues	Transport of cholesterol from extrahepatic tissues to liver?
Metabolic Fate	Hydrolysis and uptake of fatty acids in extra-hepatic tissues	Hydrolysis and uptake of fatty acids in extra-hepatic tissues	Degradation in extrahepatic tissues	Degradation in liver?

the esterification of cholesterol in plasma, for the activation of lipoprotein lipase, and for the transport of excess cholesterol from extrahepatic cells to the liver for excretion (*Figures 1 and 2*).<sup>2,6,7</sup> Increased HDL does not cause plasma turbidity. The electrophoretic mobility is alpha.

Although present knowledge of lipoprotein pathophysiology is incomplete, it is clear that plasma lipids circulate as lipoproteins and that HDL is needed for effective metabolism of the other lipoproteins. Thus, it makes sense to develop clinical tests that assess specific lipoproteins such as HDL Cholesterol to better understand lipid risk factors.

If decreased HDL Cholesterol is associated with increased clinical atherosclerosis, it is appropriate to consider factors that might increase HDL. Only preliminary information is available at this time; however, the following observations are of interest: (1) women have higher HDL Cholesterol levels than men, (2) physical fitness can be equated with increased HDL, (3) obesity and diabetes are associated with low HDL Cholesterol, weight reduction with increased levels, (4) smoking and dietary carbohydrate

are inversely related to HDL Cholesterol, and (5) modest alcohol intake is directly correlated to HDL Cholesterol levels.<sup>1-4,7</sup>

Whether therapeutic intervention will increase HDL Cholesterol significantly over a period of many years or not, and whether or not increasing HDL Cholesterol will retard the further development and progression of atherosclerosis are questions that remain for future study. However, it is reassuring that present coronary prevention programs do not adversely affect HDL Cholesterol and may even help.

## SUMMARY

- HDL Cholesterol can be measured easily and economically in most clinical laboratories.

- HDL Cholesterol levels are inversely related to the development of coronary heart disease. This inverse HDL Cholesterol-coronary heart disease association is stronger than other lipid tests currently used to assess risk factors.

- HDL enhances the hydrolysis of triglycerides in chylomicrons and VLDL, and accelerates the esterification of cholesterol in plasma. HDL also increases the metabolism and excretion of cholesterol. Thus, HDL may be protective against coronary heart disease.

- HDL Cholesterol levels are influenced by both genetic and environmental factors. Current coronary prevention programs that focus on diet, physical fitness and no smoking may increase HDL Cholesterol levels.

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## ABSTRACT

Total parenteral nutrition utilizing a central venous catheter is essential to the care of infants with congenital or acquired disorders of intestinal function. This report evaluates the technical, mechanical, and infectious problems observed in 65 catheters used in 44 infants less than a year old. Sterile insertion with x-ray monitoring in the operating room avoids most technical complications. The overall catheter sepsis rate was 20% and was directly related to the duration of use. Eight patients in the study died, but only one death was attributed to the hyperalimentation catheter itself. Careful surveillance, intensive monitoring, and a broad hospital education program result in reduction and, in some cases, elimination of potential complications of this most important modality of patient care.

## PART 2

MARVIN L. SMITHERMAN, M.D.<sup>1</sup>  
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# Catheter Complications with Total Parenteral Nutrition in the First Year of Life

*(Continued from Vol. 71, No. 5, pp. 478-480, May 1978)*

## DISCUSSION

Complications of catheter insertion in infants requiring TPN have been largely eliminated by inserting soft radio-opaque silicone catheters by venous cutdown in the sterile environment of the operating

room. Intraoperative x-ray confirmation of catheter location in the superior vena cava is essential to avoid such complications as a pulmonary infarction with cavitation secondary to pulmonary artery infusion of hypertonic solutions,<sup>23</sup> cardiac tamponade, death secondary to the catheter wedging in the coronary sinus, bradycardia leading to cardiac arrest and death following contrast media injection through the catheter when the tip was in the right atrium, and venous thrombosis secondary to the hyperosmolar TPN fluids infusing into a low-flow peripheral vein.<sup>1</sup>

In the adult, TPN is commonly administered via the subclavian vein, though the complication rate of insertion has been reported to be as high as 4.5%.<sup>3,22</sup> Percutaneous catheterization of the subclavian vein is undesirable in the neonate due to the increased risk of complications at the time of insertion (e.g., arterial injury, pneumothorax, lymphatic duct injury, brachial plexus injury, subcutaneous hematoma, arterial-venous fistula, etc.). Catheter placement via a venous cutdown eliminates such complications in infants.

Subcutaneous tunneling of the catheter to the parieto-temporal area has served to separate the venotomy from the scalp exit site and thereby reduces the likelihood of infection or migration of the catheter. Suturing the catheter to the scalp in a loop has reduced the incidence of catheter dislodgement. Filler<sup>12</sup> has described anchoring the catheter to the vein using a silicone rubber sleeve and silastic glue to prevent catheter dislodgement. A second procedure, however, is required to remove the catheter. Loop fixation to the scalp obviates the need for operative catheter removal.

Relatively few complications directly related to the catheter were encountered during the course of TPN. Transient facial and neck edema has most commonly occurred after use of both internal jugular veins for TPN and especially after ligation of both external and internal jugular veins.<sup>2,11,14</sup> The use of soft, non-reactive silicone catheters should avoid the venous perforation and thrombophlebitis which have been associated with the more stiff and reactive polyethylene tubing.<sup>11</sup> Weekly chest x-rays are

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From the Section of Pediatric Surgery, Department of Surgery, Indiana University School of Medicine, and the James Whitcomb Riley Hospital for Children.

obtained to confirm that the location of the catheter tip remains in the superior vena cava. Other reported complications include accidental uncoupling of the tubing circuit, air locks due to improper filling of the Millipore® filter,<sup>10</sup> and air embolism which is avoided by use of flap valves in drip chambers and wet Millipore filters.<sup>9</sup> The incidence of these complications can be reduced by alert pediatric nursing personnel and "drip-alarm" systems.

The duration of TPN infusion continues to be limited by a wide variety of factors. Sepsis, however, has been established as the major reason for discontinuing TPN. The incidence of catheter sepsis during TPN has been reported to range from 0% to 50%.<sup>5,10,14,15,20,21,23,25,26</sup> Catheter sepsis using lower concentrations of glucose infusate is less frequent (2-9%),<sup>4,7,17,19,24</sup> although it may be difficult to maintain adequate caloric infusion for a long period using this technique. In the present series, the incidence of central venous catheter sepsis was 20% with the mean duration of function of a TPN catheter being 24 days.

Although Bernard<sup>4</sup> was not able to demonstrate a correlation be-

tween the duration of TPN and the incidence of catheter sepsis, Filler<sup>12</sup> found the risk of catheter sepsis increases at the rate of 5% for each week of TPN in pediatric patients. Wilmore<sup>26</sup> and Groff<sup>14</sup> have advocated catheter replacement every 30 days to decrease the incidence of sepsis.

The organisms responsible for catheter sepsis in this series include: Staph aureus, Klebsiella, Pseudomonas, E. coli, Aerobacter, Herrellea and Enterococcus. Several studies, however, have reported fungal septicemia in approximately 25 to 50% of the cases of catheter sepsis (e.g., Candida albicans, Candida parapsilosis, Torulopsis glabrata).<sup>2,6,12,18,20</sup> While cases of bacterial catheter sepsis usually resolve after catheter removal, most authors advocate the use of systemic antibiotics based on culture and sensitivity data. The mortality from fulminant Candida septicemia has been reported to be as high as 50%<sup>5</sup> but Candida septicemia in the infant has been managed successfully by catheter removal.<sup>12</sup> Brennan noted a decreased incidence of fungal septicemia following use of an Amphotericin B flush through the catheter.<sup>6</sup> In the present series, no instances of fungal septicemia were

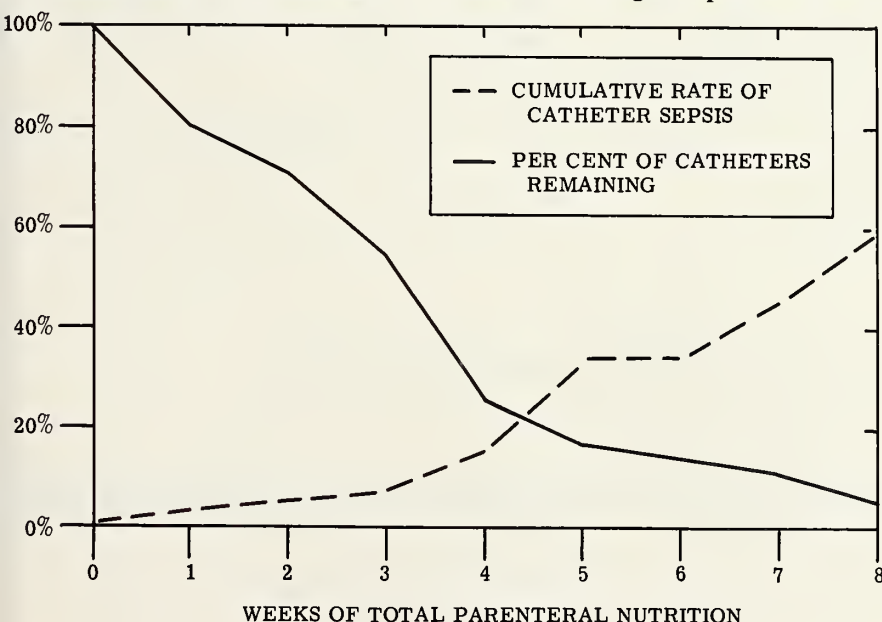
identified even though more than half of the patients received broad spectrum antibiotics at some time during the TPN course. Oral administration of mycostatin may control such associated fungal problems, which usually originate from overgrowth in the intestinal tract.

Important factors that should reduce the incidence of sepsis include the use of laminar flow hoods for TPN preparation, inline Millipore filters, strict aseptic catheter care, and the use of TPN lines only for TPN fluid infusions. Reliable infusion pumps must be used to maintain a steady flow without reflux of blood (IV "drip-alarm" system). It is important to stress that systemic antibiotics are not effective in preventing catheter sepsis. Catheter sepsis should be suspected when no other source of infection is found and the catheter should be removed when positive blood cultures or a septic clinical state are noted. A waiting period of 72-96 hours is recommended before reinsertion of another catheter to allow the bacteremia to subside.<sup>8,13,24</sup>

A significant number of problems may be reduced or eliminated by careful surveillance and intensive monitoring of TPN and the appropriate education of nursing and support personnel in the pediatric hospital environment.

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## CLINICAL NOTES

## Sunburn

Any school child can diagnose sunburn, but how many doctors know how to treat it? A group at the University of Miami found that prostaglandins play an important role in the production of sunburn during the first two days. They were able to block ultraviolet erythema by the use of aspirin and indomethacin, which inhibit prostaglandin synthesis.

Many years ago, Dr. Patrick Bitter and I studied the effect of 0.05% flurandrenolone cream on ultraviolet erythema (unpublished data). We exposed nickel-sized areas on the lower extremities to 10 times the amount of ultraviolet light necessary to produce erythema. Overnight treatment under plastic wrap with snug pressure from an elastic bandage did not produce a change. However, the effect of 24-hour occlusion was unbelievable! The control side showed a deep erythema that was followed by blistering, peeling and tanning. The treated side, however, suffered no sequelae whatsoever.

Aspirin reduces the erythema and discomfort of sunburn during the first two days after exposure. The usual adult dosage is 3.6 gm in divided doses and at proper intervals. A potent steroid cream with 24-hour occlusion and snug pressure is also helpful, especially on the extremities.

Synder, Diane Sekura and Eaglstein, William H. Intra-dermal Anti-Prostaglandin Agents and Sunburn. *J Invest Dermatol* 62:47-50, 1974.

Miller, W. Stacy, Ruderman, Frank R., Smith, J. Graham, Jr. Aspirin and Ultraviolet Light-Induced Erythema in Man. *Arch Dermatol* 95:357-358, April 1967.

## Multiple Warts in Children

The scene is examining room 4 in the office of a busy physician. The players are Mrs. Hys Terrick, a 35-year-old upper middle class female, her 2½-year-old daughter, Q. T., and Dr. Q. Rator Cutis. The doctor enters. Q. T. looks up at him with soulful, trusting eyes. He says, "Hello! I'm Dr. Cutis and what can I do for you?" Mrs. Terrick answers. "Doctor, she has 153 warts. She saw Dr. Meanold Ogre who treated her with liquid nitrogen. It hurt so much she won't go back! Then she saw Dr. I. M. Timid who said, 'Leave them alone and they'll all go away.' They didn't! Why, she has more new warts every day!"

This scenario is all too common. Happily, there are ways to escape the obvious trap, Investigators from the University of Edinburgh

found that local treatment with salicylic and lactic acids in flexible collodion\* was equivalent to liquid nitrogen therapy. They instructed their patients to wash their hands and to rub the surface of the wart gently with an emery board. The preparation was then applied and allowed to dry. The process was then repeated each night. They obtained a cure rate of 67%, which has since been confirmed by another group. The underlying problem in patients with multiple warts seems to be a lack of cell-mediated immunity to the wart virus. Fortunately, this usually corrects itself in time.

\*Duofilm® is the U. S. equivalent.

Bunney, Mary H., Nolan, Margaret W. and Williams, David A. An assessment of methods of treating viral warts by comparative treatment trials based on a standard design. *Br J Dermatol* (1976) 94:667-669.

Hachiro Tagami, et al. Regression of plane warts following spontaneous inflammation. *Br J Dermatol* (1974) 90: 147.

Morison, Warwick L. In vitro assay of cell-mediated immunity to human wart antigen. *Br J Dermatol* (1974) 90: 531.

## Perioral Dermatitis

The appearance of perioral dermatitis is often so dramatic that an experienced dermatologist might suspect the diagnosis at a distance of 30 feet. The typical patient is an attractive young adult female with a scarlet discoloration surrounding her mouth. The eruption superficially resembles seborrheic dermatitis, acne and rosacea. However, comedones and scaling are usually absent. The diffuse papular quality helps distinguish this from the usual form of rosacea.

Most patients with this condition have been using a fluorinated toothpaste and/or a topical fluorinated corticosteroid. Both are thought to be aggravating if not precipitating. Dr. Bernard Bendl recently outlined a highly effective treatment program consisting of avoiding creams and makeup, taking low-dose oral tetracycline and using Sulfacet® lotion with 0.5% hydrocortisone. (In Sulfacet sensitive patients I substitute Rezamid® lotion or its equivalent.) The mean time for clearing in his patients was only one month! Such results are most impressive because only a few years ago many considered the condition untreatable.

Bendl, Bernard J. Perioral Dermatitis: Etiology and Treatment. *Cutis* (1976) 17:903-908.

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SEMINARS FROM



RILEY CHILDREN'S HOSPITAL

## PHYSICIAN ALERT: Infant and Child Automobile Safety

Unhappily, many of our youngest citizens are dying or becoming seriously disabled by a killer that strikes predominantly because of carelessness and ignorance. In 1978, approximately 25,000 infants, children and adolescents will die as a result of automobile accidents in the United States. Many times that number will become intellectually and/or physically disabled because of automobile acci-

dent injuries. The fact that 2.1 million deaths have resulted from motor vehicle crashes in the United States—twice the number of U.S. military personnel lost in all wars of U.S. involvement and in all major disease epidemics in our history<sup>1</sup>—can be labeled nothing less than a national disgrace.

This article focuses on children in cars and how the physician might inform parents of safety precautions

that help to minimize injury in the event of an automobile accident. Whether or not automobile safety education is in fact a "medical responsibility" has been a matter of some debate in medical literature.<sup>2</sup> However, the author feels that being a child's physician requires concern on the physician's part as to non-medical factors in the child's life that are lethal or crippling. Traffic accidents are the number one killer of children over the age of one in the United States today.<sup>3</sup> Automobile death statistics far exceed those children who die of congenital malformations, infections and neoplasms. Thus, the magnitude of the problem is great. The fully informed physician has an important and satisfying role as a car safety educator.

### **Why do automobile accidents occur? The human factor.**

1) Victim Carelessness. The basic psychological root of this is, "It can't happen to me or mine."

Graphic illustrations used with this article are reproduced with permission from "Don't Risk Your Child's Life!" Physicians for Automotive Safety, 1977.

Dr. Alexander is Chief of Pediatrics at the Child Development Center, James Whitcomb Riley Hospital for Children, Indianapolis 46202.

The photographs used with this article show children who are not safely restrained and are therefore vulnerable to severe accidental injury.



Yet, 17 million children are injured seriously enough every year to require medical attention (all accidents).

2) Fifty per cent of all fatal crashes involve drivers whose blood alcohol levels are elevated.<sup>4</sup>

3) There appears to be a strong relationship between automobile accidents and driver tension or anxiety. The consequences of tension are irritability, impatience, carelessness and taking foolish chances.

**How do automobile injuries occur?** Three common patterns of injury causation have been identified:

1) Ejection from the vehicle.

2) Impact with the interior of the vehicle or a missile-like object within the vehicle.

3) Collapse of the vehicle structure about the occupants.<sup>5,6</sup>

For resolution or at least improvement in factor 3, the consumer must make demands on the automobile industry. Physician advocacy is certainly important in this area, but it is with factors 1 and 2 that the physician can have a more direct educational role. Causations 1 (ejection) and 2 (striking of vehicle interior or loose object) can be reduced if not nearly eliminated by the proper use of automobile restraining devices and proper storage of automobile contents. However, the consumer still remains unconvinced of the value of seat belts.

**What are the facts on seat belts and car seats?**

1) Crash simulator tests from 1960 through 1976 consistently showed that seat belts are the most effective means of reducing bodily injuries as a result of a crash. A review of the literature reveals that there are approximately 75% fewer fatalities when lap and shoulder belts are used and 50% fewer fatalities when lap belts only are used. Furthermore, aside from fatalities,

there are 40% fewer serious injuries when lap and/or shoulder belts are worn.<sup>7</sup>

2) If struck by another automobile, a driver wearing a lap and/or shoulder harness will tend to remain in his properly seated position and be better able to control his car, possibly preventing another collision and further injury.

3) Many drivers believe that seat belts will entrap them in the event the vehicle catches fire or is submerged in water. In reality, the inability to escape a burning or sub-

merged car is often due to the driver being rendered unconscious by the impact, an outcome that might have been avoided by the proper use of seat belts.

4) Seat belts do not provide adequate crash protection for infants and young children. Two anatomical features account for this: a) the anterior iliac crests are less developed in children than in adults and do not allow for snug anchorage, and b) head and trunk mass relative to lower extremity mass is greater in young children, producing a





higher center of gravity. Thus, young children will "lead with their head" and are more vulnerable to facial and intracranial injury.<sup>8</sup>

5) Although infant and children's car seats and restraints have been on the market for many years, many are grossly inadequate in regard to protection. Most car seats are labeled "In Compliance with Federal Standards." However, these standards were issued in 1971 and were quickly shown to be inadequate.<sup>9,10</sup> Although there has been some intent, new standards have not been written nor have the old standards been rescinded. Thus, many parents are misled into thinking that they have purchased a safe car seat.

Safe car seats generally have the following features:<sup>11</sup>

- Car seats for infants (*Figure 1*) are designed to face rearward. The baby will be strapped in with a harness and the infant seat will be secured to the automobile car seat by the automobile lap belt.

- For children able to sit without support, these variations of restraining devices are available:

- a) The Shield (*Figure 2*): In this device, the child is protected frontally by a padded shield. The shield itself is anchored to the automobile by the automobile lap belt.

- b) The Traditional Car Seat (*Figure 3*): In the best designed and safest of this type, a safety harness passes over the child's shoulders and secures the child to the child car seat. The car seat itself is

secured to the automobile by an anchorage strap at the top of the car seat and by the automobile lap belt. "Securing a top tether may be inconvenient and time-consuming, but seats designed to be secured at the top are believed to provide an extra margin of safety. If, however, the top strap is not fastened, the seat will lose its protective value entirely. Unless the top strap is secured every time, your child will be safer riding in a device designed to provide crash protection without the need for a top tether."

- c) The Safety Harness (*Figure 4*): The child wears a harness which attaches to the car by a top tether strap and the automobile lap belt.



Figure 1



Figure 2

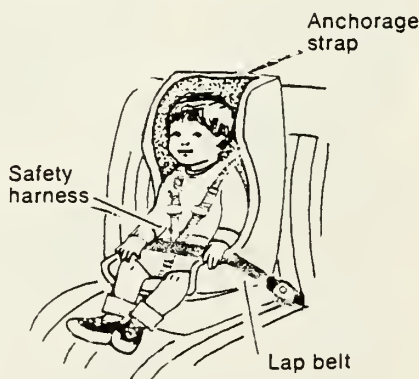


Figure 3



Figure 4



6) Most children's car restraints are used improperly. In a study by Williams for the Insurance Institute for Highway Safety, on actual observations of 8,993 children under the age of 10 years in 5,050 cars, 3 of 4 children's restraints were not being used properly. The restraint was considered improperly used if the child was not restrained in the device or if the device itself was not secured to the car frame. For example, it was observed that in car seats designed to be secured to the frame of the car by a top tether strap, this strap was often not fastened. Williams cautioned that "infant carriers and car seats used improperly in the ways routinely observed would function as launching platforms in a crash, flinging the child into upper parts of the vehicle interior, possibly resulting in more severe injury than would result had the child been sitting unrestrained on the vehicle seat."<sup>12</sup>

### What can a physician do?

1) As the child's only continuing professional contact during the early years, the physician should stress to parents the importance of prevention of environmental injury as well as medical injury. Don't assume anything in regard to accident prevention. Parents seem to be particularly diffident, overconfident and unmindful when it comes to accidents.

2) Be informed about the best car safety devices now available so that individualized recommendations can be made. The most up-to-date information can be obtained from the pamphlet, "Don't Risk Your Child's Life," distributed by Physicians for Automotive Safety, 50 Union Avenue, Irvington, N.J. 07111. In addition, the reader is encouraged to read the article by Shelness and Charles<sup>13</sup> which discusses the history of infant and child car restraints and the errors in design that do not enhance safety. This article also describes how many parents and professionals become misinformed regarding child car safety. It offers many tips on what factors parents should consider in purchasing a safe car seat.

3) Remember that car safety for the newborn begins on that first ride home from the hospital. In the automobile, the most dangerous place a newborn could be is in his mother's arms. The newly born infant should ride in an approved infant car seat with the car seat facing rearward. Prenatal and perinatal anticipatory guidance should include asking the parents how they intend to transport the baby home from the hospital.

4) To get good car seat and seat belt compliance, stress to parents that adequate car restraints for children almost invariably result in a more pleasant ride for the parents. Very simply, the children just behave better. This could be your

most persuasive argument. Also, if car seats are used from day one, children hardly ever object to their use and in fact anticipate them. If car seats are to be used for the first time on an older child, make sure the parents are prepared to expect that the child probably won't like it, and advise them to be prepared for some initial unhappiness—in fact, maybe outright refusal. As Christopherson has pointed out, it may take 6-10 trips before the child learns the car seat is inevitable. Of critical importance is for the parents to hold to their decision and to reward the child for "good sitting" in his car seat.<sup>14</sup>

5) Parents will need to buckle in their children. This takes some extra time and parents should prepare for that.

6) If the parent participates in a car pool, car restraints can turn misery to bliss. Also, parents should check to insure their child wears a seat belt in other people's cars.

7) Although the pamphlet from Physicians for Automotive Safety is valuable, mere pamphlet-erring won't work. Be prepared and take time to discuss car safety with parents. Be sure to inquire if car restraints are being used, and about the manner in which they are being used. By doing this, you actively show your concern and also make it clear that you expect compliance. Remember that the most poorly compliant patients are the ones least educated about the problem or the least willing to admit that the problem carries a serious risk. The informed, safety conscious physician is in an ideal position to weaken these barriers to car safety compliance by integrating accident prevention into the mainstream of his child care practices.

8) Impress upon the parents their importance as role models for seat belt compliance. The child is

more likely to wear seat belts if he sees his parents wearing them.

To summarize, automobile accidents are the number one killer of children. In addition, they permanently cripple many times the number who are killed. Most parents neglect the safety of their children in cars because they don't realize the risk is high and are poorly informed as to accepted safety precautions. The odds are high that one of your pediatric patients will be killed or injured in a car accident by a drunk or careless driver. In all likelihood that child will not have been restrained by a seat belt or an approved child car seat. The child's physician has an important role to play in all accident prevention, but child car safety in particular demands attention at this time. The physician who incorporates

car safety into his medical practice should derive the satisfaction of knowing that he is helping to prevent potential catastrophes. The parents should derive satisfaction in finding that traveling with properly restrained children is a much safer and enjoyable experience.

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# Non-Invasive Blood Flow Studies for Evaluating the Arterial and Venous Systems of the Legs and the Extracranial Carotid System in the Neck

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In 1842, Christian Johann Doppler discovered this law of physics: If the distance between the earth and a star is decreasing, light from that star will shift toward the violet end of the spectrum; but, if the distance between the earth and the star is increasing, the light will shift toward the red end of the spectrum.

Later, Doppler applied the same principle to sound and showed that, while a sound moving toward a listener will grow higher in pitch, the same sound moving away from a listener will grow lower in pitch. This aspect of the Doppler principle is essential for understanding the Doppler ultrasonic velocity flow meter.

From the Blood Flow Laboratory, University Heights Hospital, 3350 Carson Ave., Indianapolis 46227.

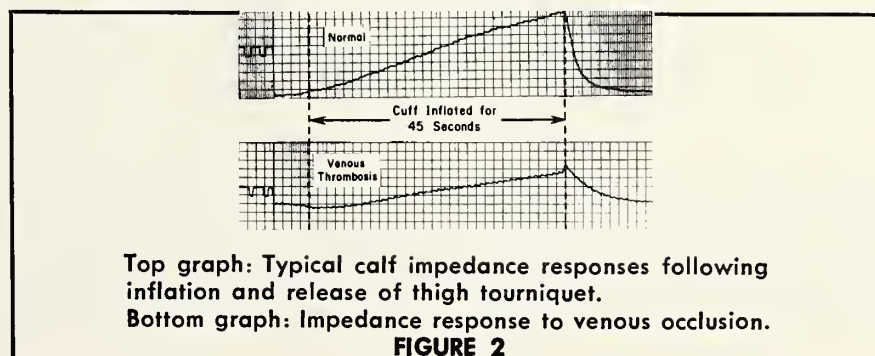
The figures (2-4) used with this article are reprinted with permission from the *Archives of Surgery*, 106 (April 1973), 528-535.

The meter consists of two piezo electric crystals, one that transmits and one that receives. When electric current is applied, the transmitting crystal emits ultrasound in the range of 5-10 megahertz. If this crystal is placed over a blood vessel, the frequency of the ultrasound is changed, and the change is directly proportional to the velocity of blood flow within the vessel. The receiving crystal notes this change of frequency, which is then electronically detected, amplified, and subsequently expressed either as an analogue wave form or as an audible signal.

At University Heights Hospital, we have been using non-invasive studies for evaluating the arterial and venous systems of the legs and the extracranial carotid system in the neck. We use the Doppler ultrasonic velocity flow meter for evaluating the arterial system and for measuring ankle pressures in the post-operative period. For evaluating the venous system of the legs, we use the impedance phlebography #IPG-200 developed by Wheeler.<sup>5</sup>

The Wheeler test depends upon measuring the venous volume response to temporary venous outflow occlusion produced by a pneumatic cuff around the thigh. The volume increase that normally follows inflation of the tourniquet is reduced following a recent thrombus of the major veins. Even more striking is the decrease in venous outflow following release of the tourniquet.

For evaluating the extracranial



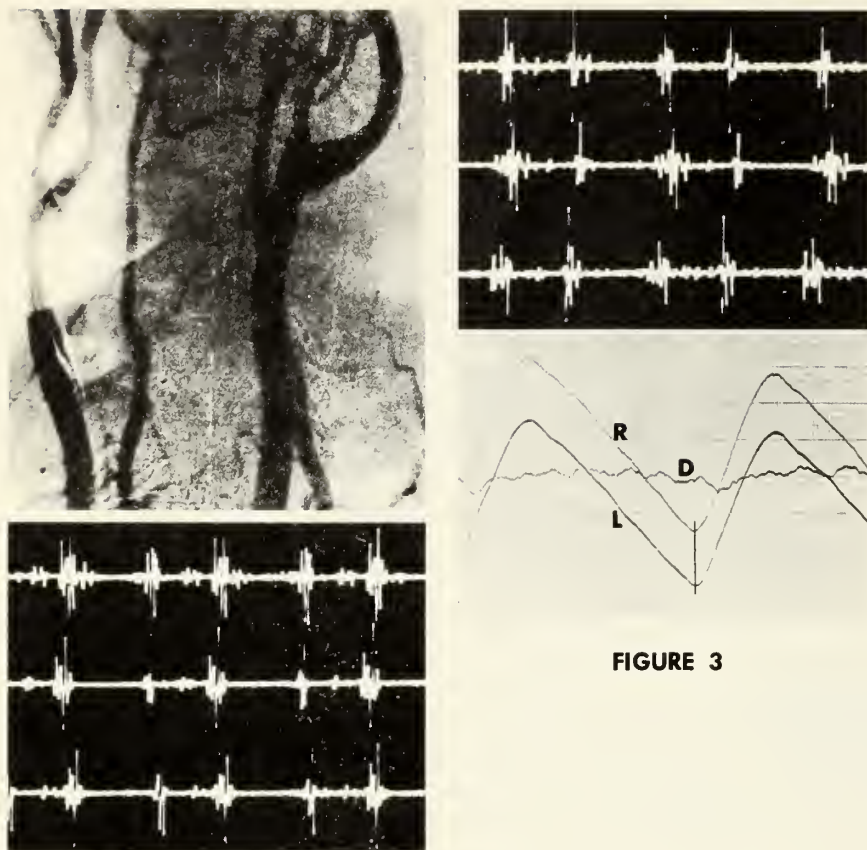


FIGURE 3

Arteriogram (top left) illustrating absence of extracranial carotid occlusive disease with (top right) associated normal right and (bottom left) left phonoangiograms with absence of bruits at all positions. Normal oculoplethysmogram (bottom right) shows no pulse wave transmission delay or amplitude reduction as confirmed by flat differential trace. R signifies right; L, left; D, differential.

carotid system, we use two complementary, non-invasive techniques, described by Kartchner and McRae.<sup>12</sup> Carotid phono-angiography consists of audiovisual analysis of the cervical carotid bruit. Oculoplethysmography employs corneal sensors to simultaneously record bilateral ocular pulses.

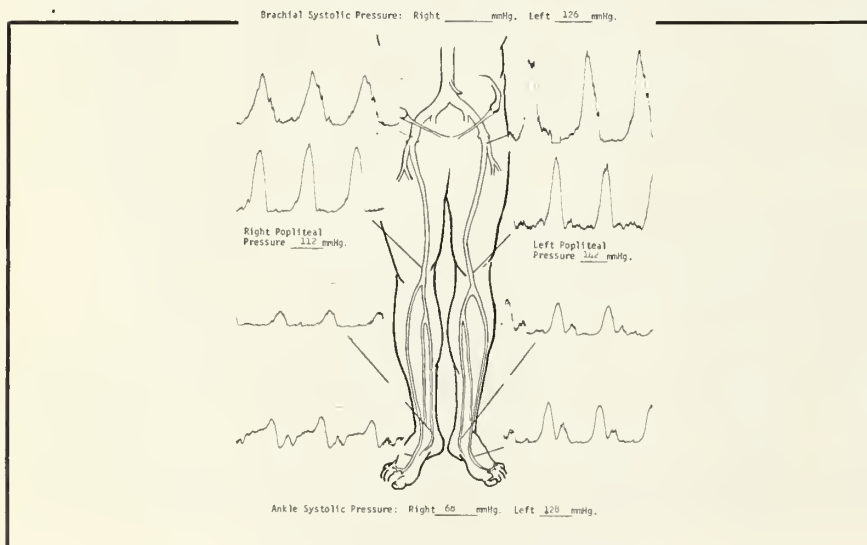
While there are other reliable modalities for evaluating the arterial and venous system of the legs and extracranial carotid system of the neck, we have selected this equipment for various reasons that may need to be considered in the establishment of a blood laboratory, but do not need to be considered here.<sup>2,6,10</sup>

### ARTERIAL EVALUATION OF THE LEGS

Doppler tracings are recorded in the femoral, popliteal and ankle areas bilaterally. Pressures are recorded at the popliteal and ankle areas. The patient is then exercised for five minutes or until he develops symptoms of claudication. Ankle pressures are then recorded at one-minute intervals until the ankle pressure returns to the baseline.

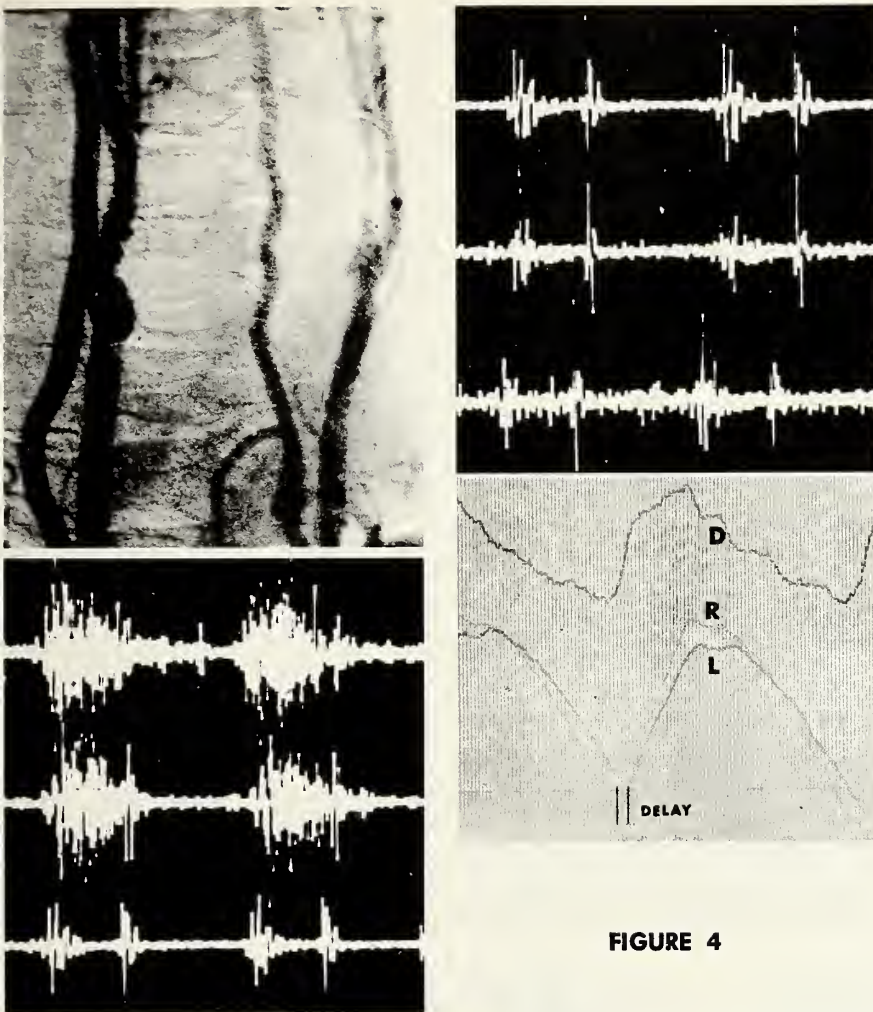
We have found this exam to be satisfactory for our purposes, and it is readily carried out by our technicians. It is used not only in screening patients for possible peripheral vascular disease of the lower limbs, but it also provides the vascular surgeon with information that allows him to better plan his operations when multiple stenotic lesions are present.

While merely palpating the pulses in the legs is inadequate for a thorough evaluation of the arterial system, the Doppler screening study is nearly 100% accurate (provided that an adequate exercise test, or its equivalent, can be performed). Approximately 10% of the population who have normal arteries in their legs will not have palpable pulses. In addition, ankle pulses are generally present in patients who have coarctation of the aorta, or who have obstruction of the proximal common iliac artery. We reserve the arteriogram for surgical candidates.



Arterial blood flow study on a 68-year-old female with claudication involving the right leg and palpable pulses in right foot. The Doppler recordings and pressure measurements are normal in the left leg. Note abnormal Doppler recordings and pressure gradient in the right ankle. Arteriogram revealed a 70% stenosis of the right distal popliteal artery.

FIGURE 1



**FIGURE 4**

Arteriogram (top left) illustrating significant left internal carotid stenosis. Phonoangiograms (top right) show no bruit on the right and (bottom left) a marked left bifurcational bruit. Oculoplethysmogram (bottom right) shows striking delay of left ocular pulse confirmed by characteristic deflection of differential pulse. R signifies right; L, left; D, differential.

## VENOUS STUDY OF THE LEGS

Impedance phlebography is readily performed by technicians and is easily interpreted. Using the venogram as a baseline, the impedance phlebography test is accurate 93% of the time.<sup>4</sup> Approximately 3% of our studies are false negative. These include patients in whom the clot is located either in the tibial veins in the ankle or in vessels that do not impede the blood flow in the main channels (such as the hypogastric vein). The study is positive in almost 100% of patients where the clot has reached the popliteal vein.

False positive studies sometime occur in people with congestive

heart failure, atrial fibrillation, tricuspid insufficiency, and in patients who have been on prolonged bedrest or who have severe arterial insufficiency. Patients with the post-phlebotic syndrome may also give a false positive study. We reserve the venogram for those patients whose study is equivocal or does not correlate well with the clinical findings, and we initiate anticoagulation therapy on the information obtained with the non-invasive study.

## CAROTID EVALUATION

Phono-angiography utilizes a specifically adapted microphone applied over cervical carotid areas at low, middle and high levels to make audio recordings of carotid bruits.

The recordings are then analyzed for the degree of underlying carotid stenosis.

Oculoplethysmography entails the use of small, transparent, semi-hemispherical, plastic, corneal cups of 12 mm diameter. Warm normal saline is used as a fluid medium for transmission of the retinal artery pulse wave for electronic amplification and recording. The intensity and duration of the bruit is important in diagnosing the severity of the obstruction. Asynchronous eye impulses are noted in significant obstructing lesions in the internal carotid system. We have found this modality useful in evaluating asymptomatic carotid bruits and ambiguous cerebral symptoms.

Unless there is a diagnostic bruit present, the test may be negative in patients who have severe bilateral carotid disease. It may also be negative in patients who have ulcerating plaques in the carotid system which neither produce a bruit nor have an obstructive component. Again the arteriogram is necessary prior to surgery. However, the arteriography is restricted to potential surgical candidates. We perform the study in patients with TIA so that we have a baseline exam before surgery. Because of the high incidence of stroke in these patients, immediate arteriogram is always advised.<sup>11</sup>

## SUMMARY

Non-invasive studies are accurate, inexpensive, virtually free of complications, and can be performed by trained technicians on an outpatient basis. If an adequate exercise test can be performed, the study for evaluating the arterial system of the legs is almost 100% accurate. By reserving the arteriogram for surgical candidates, we have virtually eliminated the negative arteriogram.

Using the venogram as a baseline, the non-invasive study for evaluating the venous system of the legs is approximately 93% accurate. It is our policy to administer anticoagulation therapy on the basis of the information obtained from this

study, and we reserve the venogram for patients whose study is equivocal or does not correlate well with the clinical findings.

Using the arteriogram as a baseline, the non-invasive study for evaluating the extracranial carotid system is approximately 90% accurate. Again we reserve the arteriogram for surgical candidates or for those patients who have well-documented TIA. This study may give a false negative in patients with bilateral equal carotid stenosis, and, if a bruit or obstructive component is absent, in patients with ulcerating plaques.

The peripheral vascular system is probably the most unobtrusive system in the human anatomy. Without giving warning symptoms, abnormalities of this system often produce major catastrophes such as a stroke or pulmonary embolus. The non-invasive studies are a successful attempt to quantitate lesions in the peripheral vascular system so that the physician can initiate therapy before such catastrophes occur.

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# North Central Indiana Physician Distribution and Projection Study

THOMAS A. TROEGER, M.D.  
ROGER BIRDSSELL, JR., M.B.A.  
South Bend

Physicians are concerned that efforts to recruit new physicians to establish practices in a community meet the medical care needs of the population without allowing a shortage or creating an overabundance of physicians engaged in direct patient care.

A 1977 study, conducted by the North Central Indiana Medical Education Foundation under a grant from Northern Indiana Health Systems Agency, Inc. (HSA), suggests a practical methodology by which physicians, health care professionals and other community leaders can establish realistic new physician recruitment goals by medical specialty.

## BACKGROUND

In 1970 and again in 1975, the Indiana Regional Medical Program and Blue Cross of Indiana profiled Indiana physicians. The data included information on whether or not each physician individually was engaged in direct patient care, the office location of the practice, the medical specialization of the practice and the age of the physician. The data provided an opportunity to measure the ratio of physicians to population in any community, to define medical service areas by medical specialty, to estimate potential retirements of physicians from practice on the basis of either age or the 1970 to 1975 turnover experience, and to anticipate the need to recruit new physicians for practice by medical specialty (as measured against Indiana State Department of Health population estimates) for the balance of the century.

In testing this approach to the problem of new physician recruitment, the medical education foundation used profile data for 10 North Central Indiana counties—Cass, Elkhart, Fulton, Kosciusko, LaPorte, Marshall, Miami, Pulaski, St. Joseph and Starke—with a 1970 U.S. Census population of 688,529 and 662 physicians engaged in direct patient care in 1970 and 646 in 1975.

## METHODS

The project director, assisted by an advisory committee of physicians, sought to identify and describe realistic geographic medical service areas for primary care and for secondary (referral) care. A survey instrument was developed by which 165 physicians identified on a map those communities from which they customarily attracted patients. Primary care physicians, namely those engaged in general and family practice, internal medicine, obstetrics and gynecology, pediatrics and osteopathic medicine, also were asked to name the communities to which they customarily referred patients for secondary care in 42 medical and surgical specialties and sub-specialties.

With medical care service areas thus described on the basis of the survey, computer programs were developed to project potential needs for new physicians by medical specialty through the year 2000. Three basic goals were assumed: 1) To maintain the 1975 ratio of physicians to resident population, 2) to achieve by 1980 and thereafter maintain the 1970 U.S. median ratio, and 3) to achieve by 1980 and thereafter maintain the 1970 Indiana average ratio. Figures for the last two goals, applied to general and family practice, obstetrics and gynecology, pediatrics and 16 secondary care specialties, were derived from AMA statistical studies.

Two basic assumptions were made to measure a high and a low potential need for new physicians given each goal. The first was that physicians in practice in 1975 as reported in the profile would re-

From the North Central Indiana Medical Education Foundation, 125 S. Lafayette Blvd., South Bend 46601.

main in that type of practice and in that location until age 70 and that new physicians coming into practice would remain in that practice through 2000, which produced a low potential need. The second assumption was that the total turnover of all physicians between 1970 and 1975 in the study area by type and location of practice would be repeated for each medical specialty in each service area, which produced a high potential need. Needs were stated for five-year periods.

## RESULTS

The survey of physician geographic service areas and referral patterns revealed great mobility in choice of physician by patients. Most primary care physicians drew patients from every community within the county in which their practice was located and even from outside the county, particularly from communities immediately adjacent. As a result, each county as a whole was defined as a realistic primary care medical service area. This does not rule out attention to distribution patterns within a county to serve small rural communities and low income neighborhoods of large cities. However, relatively arbitrary efforts to define smaller self-contained geographic service units appeared to be meaningless.

A correlation of secondary care physician responses to the question of geographic origin of patients and of primary care physician responses as to referral of patients for secondary care identified a seven-county North Central Indiana medical service referral area. The counties are St. Joseph, Elkhart, LaPorte, Marshall, Fulton, Starke and Pulaski. South Bend is the principal referral center of the entire area, with Elkhart, Goshen, Michigan City and LaPorte as other centers. This was the core area, with significant referrals also received from Kosciusko, Noble and LaGrange counties to the east, Porter County to the west and the southwestern Michigan counties of Berrien, Cass and St. Joseph to the north. The major Kosciusko referral center was Fort Wayne and the ma-

jor Cass and Miami referral centers, Lafayette and Kokomo, respectively. Referrals outside the area, concentrated in cardiovascular and neurological surgery and the medical sub-specialties, were primarily to Indianapolis, Cleveland, Chicago and Rochester, Minn.

The largest absolute number of projected needs for new physicians was in family and general practice. A total of from 139 to 218 new physicians will be needed during the last quarter of the century in the seven North Central counties if the area achieves and maintains the 1970 U.S. median ratio of one medical physician to every 3,459 people. Overall between 1970 and 1975, the profile showed a decline in total numbers of physicians engaged in general and family practice and an increase in numbers of physicians engaged in the other specialties.

## RECOMMENDATIONS

The study report concluded with a series of recommendations:

- That physicians and other health professionals accept leadership of a community effort in each medical service area to measure and establish reasonable goals for the recruitment of new physicians to locate practices by medical specialty in that area. The goals used for study projections were arbitrary and illustrative in nature. Physicians themselves were felt to be in the best position to establish actual service area goals designed to provide adequate medical care with a sufficient number of patients to support each physician in practice. Such planning can be aided by weighing population ratios at local, state and national levels and other factors, for example, the optimum mix of all medical specialties. Local physicians can also monitor and anticipate actual turnover, timing the arrival of the needed new physician with the departure of the older physician.

- That a comprehensive and improved inventory of physicians in practice be conducted in 1980 to coincide with the next federal census. Some errors in the 1970 and

1975 profiles were recognized, for example, a failure to obtain medical specialization of osteopathic physicians.

- That efforts be made to encourage referrals for secondary care within the North Central Area whenever possible. Such care would be less costly for both the patient and the primary care physician.

- That the size and scope of the family practice residency programs at Memorial and St. Joseph's hospitals in South Bend be studied in terms of encouraging graduates to locate their practices in North Central Indiana.

- That a study be made of cooperative arrangements between hospitals in the area and residency programs in other specialties outside the area for rotation of residents into area hospitals for some portion of their post-graduate education.

- That feasibility studies be conducted concerning recruitment needs for nurses and other allied health care personnel.

## SUMMARY

Recent years have seen debate at the national level as to the numbers of new physicians we need to educate in Indiana and in the United States. The debate is complicated by a changing medical technology in areas such as hemodialysis, coronary bypass surgery and cancer chemotherapy. Changing laws on graduates of medical schools outside the country practicing in the United States add another dimension.

Estimates of need for new physicians usually are gross ratios of total physicians to the population. More precise measurements of local factors such as practice patterns, economic demand and population changes have not advanced beyond the theoretical stage. The approach tested in North Central Indiana suggests a way in which physicians themselves, acting at the local level, can begin to measure needs for new physicians for translation into national and state medical education policies.

# CME QUIZ

## HDL Cholesterol . . .

CONTINUED FROM PAGES 551-553

TO OBTAIN ONE HOUR OF CATEGORY 1 AMA CME CREDIT, answer the following questions by circling the correct answer on the answer sheet below. Complete and clip the application form and mail it to: Indiana University School of Medicine, Division of Postgraduate and Continuing Medical Education, 1100 W. Michigan St., Indianapolis 46202.

ANSWER THE FOLLOWING:

1. Increased levels of which of the following lipoproteins are considered risk factors associated with accelerated and/or premature coronary heart disease?
  - a. Chylomicrons
  - b. Very low density lipoproteins (VLDL)
  - c. Low density lipoproteins (LDL)
  - d. High density lipoproteins (HDL)
2. Which one of the following lipoproteins is concerned with the transport of endogenous triglycerides (carbohydrate-induced triglycerides)?
  - a. Chylomicrons
  - b. Very low density lipoproteins (VLDL)
  - c. Low density lipoproteins (LDL)
  - d. High density lipoproteins (HDL)
3. HDL Cholesterol or Alpha Cholesterol constitutes:
  - a. All of the plasma unesterified cholesterol
  - b. About 20-25% of the plasma total cholesterol
  - c. About 75-80% of the plasma total cholesterol
  - d. All of the plasma esterified cholesterol
4. Select the correct statement regarding HDL Cholesterol.
  - a. HDL Cholesterol is difficult to measure and therefore expensive.
  - b. HDL Cholesterol levels are inversely associated with coronary heart disease.
  - c. HDL Cholesterol levels are less predictive of atherosclerosis than Total Cholesterol or Triglycerides.
  - d. HDL Cholesterol levels are higher in men than women and increase with age.
5. Preliminary data suggest HDL Cholesterol levels can be increased by all of the following except:
  - a. Regular exercise
  - b. Careful diabetic control
  - c. Smoking
  - d. Weight reduction

The following are answers to the CME quiz that appeared in the March 1978 issue of **The Journal**. The article upon which the questions were based was "Platelet Studies as a Measure of Coagulative Integrity of the Surgical Patient," by Robert J. Rohn, M.D., et al.

1. b
2. c
3. a
4. d
5. a

Complete this form to obtain verification for one hour of Category 1 AMA CME credit.

Answer sheet for Quiz: (Myocardial Infarction . . .)

1. a, b, c, d
2. a, b, c, d
3. a, b, c, d
4. a, b, c, d
5. a, b, c, d

I wish to apply for one hour of category 1 AMA Continuing Medical Education credit through the I.U. School of Medicine. I have read the article and answered the quiz on the answer sheet above. I understand that my answer sheet will be graded confidentially, at no cost to me, and that notification of my successful completion of the quiz (80% of the questions answered correctly) will be directed to me for my application for the Physician's Recognition Award of the American Medical Association. I also understand that if I do not answer 80% of the questions correctly, I will not be advised of my score but the answers will be published in a later issue of THE JOURNAL for my information.

Name (please print or type)

Address

Identification number (found above your name on mailing label)

Signature

The Division of Postgraduate and Continuing Medical Education must receive your completed, signed application before August 15, 1978, to be eligible for credit for this month's quiz. Answers to the quiz will appear in a later issue.

# FUTURE FILE

## Clinic Conference in Texas

Cancer of the Genitourinary Tract will be the topic of the 23rd annual Clinical Conference to be held in Houston at the Shamrock Hilton Hotel, Nov. 2-3. Discussion will be focused on alternatives in therapy for urological malignancies. For full information write to Stephen C. Stuyck, M.D., Anderson Hospital, Houston, Texas 77030.

## Aspen Mushroom Conference

Novice and advanced courses in the identification of edible, poisonous and hallucinogenic mushrooms, the treatment of such poisoning, and microscopy, will be offered during an AMA Category 1 conference Aug. 13-18 in Aspen, Colo. Contact Beth Israel Hospital, 1601 Lowell Blvd., Denver 80204.

## Nuclear Medicine Meeting

The Second International Congress of the World Federation of Nuclear Medicine and Biology will be held in Washington, D.C. Sept. 17-21. For details write to the Administrative Secretariat, 1629 K St., N.W., Suite 700, Washington, D.C. 20006.

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## Three Humanities Seminars

The National Endowment for the Humanities has announced seminars for physicians and other health care professionals for this summer and early fall. From 12 to 15 persons attend each seminar tuition-free and receive a stipend of up to \$1,200 and travel expenses. Three seminars are open to physicians: July 2-28, July 17-Aug. 11, and Sept. 11-Oct. 6. For applications and information, write to Professions Program, Fellowships Division, National Endowment for the Humanities, Washington, D.C. 20506.

## New York CME Programs

The Network for Continuing Medical Education (15 Columbus Circle, New York City 10023) has announced a list of upcoming programs.

June 12-July 9:

• **Blood Components and Their Application.** AMA Cat. 1 credit; AAPF prescribed credit.

July 10-Aug. 6:

• **The Five Phases of Acute Myocardial Infarction.** AMA Cat. 1 credit; AAPF prescribed credit.

## Illinois CME Symposia

Southern Illinois University School of Medicine will sponsor several symposia from August through December.

**Aug. 30:** Physician's Symposium on Substance Abuse (Springfield).

**Sept. 7:** Update on Clinical Immunology (4 hours—Carbondale).

**Sept. 13:** Back Injuries and Back Pain Related to Sports Injuries (4 hours—Wood River).

**Sept. 14:** Management of Office Urological Problems (4 hours—Mt. Carmel).

**Sept. 15:** Second Annual Symposium on Medical Genetics (7 hours—Springfield).

**Sept. 21:** Immunology and Immunodeficiencies Disorders (4 hours—Quincy).

**Sept. 21:** Pre-Operative Care of the Surgical Patient (4 hours—East St. Louis).

**Sept. 26:** Cardiac Emergency (3 hours—Vandalia).

**Sept. 28:** Pediatric Review (4 hours—Sparta).

For Information, write to Lorraine Stephenson, CME Registrar, Southern Illinois University School of Medicine, P.O. Box 3926, Springfield, Ill. 62708.

## Care of the Child With Cancer

The National Conference on the Care of the Child with Cancer, sponsored by the American Cancer Society, will be held Sept. 11-13 at the Sheraton-Boston Hotel in Boston. The program will cover problems encountered by the patient and the family. Attendance is open to all members and students of the medical, nursing and related health professions. There is no registration fee. Write Sidney L. Arje, M.D., 777 Third Ave., New York City 10017.



## AUXILIARY REPORT

Ruth (Mrs. G. Beach) Gattman  
President, ISMA Auxiliary

### 'Help Your County to Better Health'

Reports by county presidents highlighted our April House of Delegates meeting in Anderson. I was amazed to learn about the many projects and programs for the enrichment of community life being conducted by county auxiliaries.

Last year, for example, one county placed "Today's Health" magazine in all school libraries. LaPorte County sponsored a breast examination clinic for high school senior girls, while Marshall-Starke County encouraged aerobic exercising. Several counties invite legal or dental auxiliaries to meetings during the year. The "Is He Sick?" pamphlet was distributed to grade school pupils in Delaware-Blackford County to aid families in determining when children are sick and should not be sent to school.

A legislatively aware county lists the names and addresses of their state and national legislators in their yearbook. No excuses for not writing letters to Congressmen in that county. C.P.R. courses were put into the high school curriculum for 9th graders at one public high school at the urging of another county auxiliary, while crime prevention in the home was emphasized by still another.

All of these, and the many other projects not mentioned, prove again that our county auxiliaries are vital, active, and all important to what happens in the state auxiliary.

"Help Your County to Better Health" is the slogan I have asked each county to adopt during the coming year. It will be interesting to see how each auxiliary applies this slogan to community needs. Auxilians are well aware that good health projects enhance the image of the physician by presenting the positive side of medicine. We're proud to play a part in such important work.

Today more than ever, the important contribution each member makes to an auxiliary cannot be over-emphasized. I hope your spouse is already an auxiliary member. If not, encourage him/her to join today. If there is no organized auxiliary in your county, become a Member at Large.

"We're All in This Together," the motto Bonnie Meyer, our Southern Area vice-president used on T-shirts worn by her area at the House of Delegates, makes a very valid point. Working together we'll all have a healthier tomorrow.



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# NEWS NOTES

## Community Service Award

Dr. Thomas J. Fountaine, a Bedford physician nearly 30 years, has been named recipient of the 1978 Community Service Award, presented by the Bedford Chamber of Commerce. Although he retired from active practice last year, Dr. Fountaine is still active in helping train emergency medical technicians at Dunn Memorial Hospital, Bedford. He had served four terms as chief of staff of the hospital.

## 'Sagamore of the Wabash'

Dr. Guy B. Ingwell, a retired Knox physician, has been named a "Sagamore of the Wabash" for his contributions and service to Starke County and the Knox community. He was honored at a ceremony attended by approximately 750 friends and well-wishers. The award was presented in behalf of Governor Otis Bowen, a medical school fraternity brother. Dr. Ingwell is planning to move to Canada where his daughter and her family now live.

## Governor Appoints Dr. Mader

Dr. John H. Mader of Richmond has been named president of the State Board of Medical Examiners. Governor Otis R. Bowen also reappointed Dr. Mader to the Indiana Medical Distribution Loan Fund board of trustees. Dr. Mader is a fellow of the American College of Physicians.

## Health Board Appointment

Dr. Harvey D. Lovett of Zionsville has been appointed to the Boone County Health Board, succeeding Dr. Don Boyer.

## Eye Bank Program Launched

Dr. Paul S. Yocum of the St. Mary Medical Center, Gary, is coordinating training and procedures with the emergency room staffs of four hospitals in Gary, Hobart and Merrillville for enucleating eyes from deceased donors. The effort is the result of an eye bank agreement between area hospitals and the Gary-Merrillville Noon Lions Club. The number of eyes available for corneal transplants in northwest Indiana soon is expected to triple or even quadruple, according to Ed Paloncy, chairman of the program. Donors are persons who previously willed their eyes to the Lions Eye Bank in Indianapolis.

## Studying in China

Dr. Wei-Ping Loh of Gary, a member of *The Journal's* editorial board, is visiting China with six scientists from the National Institutes of Health. They will conclude their month-long trip this month. Dr. Loh is studying the effects of herbs on the body's immunity system and their effects on toxicity from chemotherapy. He previously visited China in 1975.

## ISMA Hires Second Attorney



ISMA added a second attorney to its staff recently when Ronald L. Dyer of Indianapolis joined the Association as Director of Health Services Planning and Research. Richard R. King, II, has been ISMA's legislative analyst since December 1976.

Mr. Dyer, 34, formerly was associated with an Indianapolis law firm, engaging in private civil and criminal cases. He also represented the public in utility rate cases and railroad matters, served as a special county deputy prosecutor in narcotics cases, and prosecuted felony cases in a Marion County criminal court.

He is a 1972 graduate of the Indiana University School of Law and is a member of the American, Indiana and Indianapolis bar associations. He also belongs to the American Trial Lawyers Association and the Indiana Trial Lawyers Association. Before earning his doctorate, he taught bookkeeping, business law and general business at Southport High School, Indianapolis.

Mr. Dyer's primary functions are to keep abreast of HSA, PSRO and related forms of government activities, and to assist physicians in providing input to such organizations.

## Health Care Costs

ISMA and the Indiana Hospital Association have undertaken a statewide effort to slow the rate of health care cost increases. To do this, the two groups formed a steering committee known as the Indiana Task Force on Health Care Costs. The committee will "bring together representatives of industry, labor, government, health insurance, the general public, hospitals and physicians to examine the causes of health cost inflation and ways to reduce the escalation," it said.

## Leukemia Grant Applications

The Leukemia Society of America is receiving applications for grants of financial support to clinicians and basic researchers whose work is aimed at finding a cure for or control of leukemia. All grantees must hold doctoral degrees and are expected to concentrate their work on leukemia or lymphoma. The awards, available in three categories, vary in amount and length of grant. Deadline for applications is Oct. 1, 1978, with grants effective in July 1979. Application forms may be obtained from Dr. Rose Ruth Ellison, 211 E. 43rd St., New York City 10017.

# NEWS NOTES

## Father, Son Complete Boston Marathon

Dr. Jerard G. Ruff of Bloomington and his son Joe both completed the 82nd running of the Boston Marathon. Dad won the family race. Dr. Ruff, 47, finished ahead of his 12-year-old son by about 18 minutes. His time was 3:20.20, seven minutes better than his best time in six previous marathons. Joe's time was 3:38.0. The 26-mile event was held in April.

## 'Alice in Wonderland' Exhibit

"Alice in Wonderland," an exhibit of selected books from the collection of Dr. Lall G. Montgomery, an associate editor of *The Journal*, is being shown in Ball State University's Bracken Library. Dr. Montgomery, former chief pathologist at Ball Memorial Hospital, is a founding member of the International Lewis Carroll Society, London, and is a member of the American Lewis Carroll Society.

## Dr. Fisher Elected

Dr. T. Forrest Fisher of Gary has been named to the board of directors of the American Occupational Medicine Association. Dr. Fisher, plant surgeon and medical director for U.S. Steel in Gary, is one of five physicians elected to three-year terms on the board. He also serves on the advisory committee of the Indiana University Northwest Medical School and is on the school's faculty.

## 'Nursing Home Fires'

"Nursing Home Fires: Three Case Studies" is the subject of a new slide presentation produced by the National Fire Protection Association. It consists of 43 full-color slides accompanied by an instructor's manual and a *Fire Journal* reprint on nursing-home fires. It is priced at \$35 per set. Write the Association at 470 Atlantic Ave., Boston 02210.

## I.U. Professor Gets Grant

Edward Hua-Seng Goh, Ph.D., assistant professor, Medical Science Program, I.U. School of Medicine, is reported by the Pharmaceutical Manufacturers Association Foundation as one of 26 beginning investigators receiving \$6,000 grants for research during 1978. The Foundation provides grants each year for research efforts in pharmacology, clinical pharmacology or drug toxicology. There have been 168 such grants made since the program started in 1972.

## Dr. Black Reelected

Dr. Joseph M. Black of Seymour has been reelected chairman of the board of directors, Blue Shield of Indiana. Dr. Black is a past president of the Indiana State Medical Association (1963-1965). He is presently Jackson County health officer.

## New Diplomates, Fellow

Two Fort Wayne dermatologists, Drs. William C. Lentz and Gary P. Dillon, have been named diplomates of the American Board of Dermatology.

Dr. Terry A. South of Evansville has been named a diplomate of the American Board of Family Practice.

Dr. Philip N. Eskew, Jr. of Carmel has been elected to fellowship in the American College of Obstetricians and Gynecologists.

## 'Wabash County Stethoscope'

Dr. John R. Dragoo, chief of staff of Wabash County Hospital, has written the first of several columns appearing in the daily *Wabash Plain Dealer* that will address "the numerous and rapidly changing concepts in the diagnosis, treatment and prevention of medical illness which affect our community." The columns, called "Wabash County Stethoscope," are being written by various members of the hospital's medical staff. Dr. Dragoo devoted his article to discussing the new pneumonia vaccine.



## Golden Apple Award

Dr. Beverly Carpenter, a native of Indianapolis, displays the two Golden Apple Awards presented to her for her "ability and enthusiasm in educating the students and elevating the goals of medical education" at the University of Cincinnati Medical Center. Dr. Carpenter, a 1970 graduate of the I.U. School of Medicine, is assistant professor of medicine at the Ohio school. One "golden apple" came from her basic science students, the other from students in clinical areas. She is the first faculty member to receive the awards in both disciplines.

# NEWS NOTES

## Hospital Dedication

Dr. Franklin J. Swaim of Rockville and Gerald Dooley, superintendent of the Vermillion County Hospital, were present at the recent dedication of the new 53-bed county hospital in Clinton. The new facility is located on the grounds of the existing hospital.

## Dr. Evans Practices in India

Dr. Doniel R. Evans, a Valparaiso ophthalmologist, recently returned from a two-month trip to India where he taught advanced surgical methods to Indian ophthalmologists. Funds from the First Presbyterian Church, Valparaiso, the national Presbyterian Church and the Valparaiso Lions Club were used to purchase equipment needed for the trip. Dr. Evans was accompanied by his wife Mory Lou and their son Mott.

## Paramedic Training at St. Francis

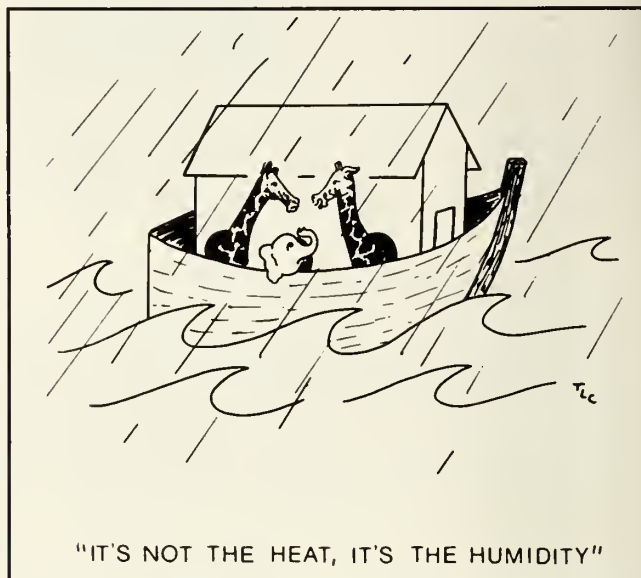
St. Francis Hospital Center has joined two other Indianapolis hospitals, Methodist and St. Vincent, in training paramedics for emergency duty with local fire departments and ambulance companies, according to Dr. Charles Dill, medical director. The first group sponsored by St. Francis was recently certified by Indiana's Emergency Medical Services Commission. The 20-week program includes hospital training that provides experience in minor surgical procedures, administering drugs and intravenous injection, interpreting ECGs, and using heart defibrillation paddles. Dr. Dill said the hospital training is not theoretical, citing the fact that paramedic trainees actually perform endotracheal intubation, for example, under medical direction or protocol.

## Hall of Fame Inductee

Dr. Richard M. Noy of Indianapolis has been inducted into the United Methodist Hall of Fame in Philanthropy. Dr. Noy was recognized by the National Association of Health and Welfare Ministries for 17 years work in behalf of medical missions and 30 years service to his denomination, his local church congregation and Methodist Hospital of Indianapolis. He was credited with being instrumental in obtaining a \$2 million trust fund in 1972, which has since placed Methodist Hospital "in the forefront of cardiovascular technology."

## Indiana Jefferson Award

Dr. James M. Kirtley of Crowdsville has been named one of 10 winners of the annual Indiana Jefferson Award, given to Hoosiers who have dedicated themselves to helping others and to improving their communities. Dr. Kirtley, who has been practicing in Crowdsville since 1938, has served on the City Council twice and has been a state senator. He is currently chairman of the Governor's Commission for the Handicapped. Jefferson Award competition is sponsored by the Indianapolis Star.



## PKU, Hypothyroidism Tests Mandated

A bill requiring the State Board of Health to establish a statewide blood testing program to check newborn infants for hypothyroidism and phenylketonuria (PKU) was approved by the 1978 General Assembly. It is expected that the screening program will be in effect in every Indiana hospital by July 1979. The March 1978 issue of *The Journal* carried a related article, "PKU and Hypothyroidism Blood Test for Newborn Infants," by Dr. Ira K. Brondt, a pediatrician with the James Whitcomb Riley Hospital for Children who helped draft the bill.

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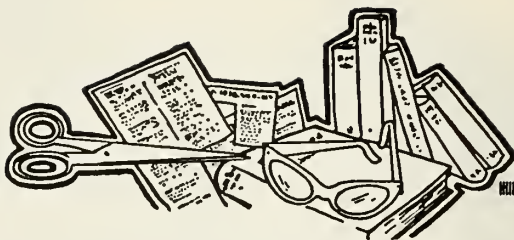


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# BOOK REVIEWS



## Clinical Pediatric Urology

*Edited by P. P. Kelalis, M.D., F.A.C.S., L. R. King, M.D., F.A.C.S. and A. B. Belman, M.D. F.A.C.S., W.B. Saunders Co., W. Washington Square, Philadelphia 19105, 1976, 1,107 pages, two volumes.*

Although the discipline of pediatric urology may never be completely distinct from general urology, it nevertheless is a complex and unique subject in itself. The two volumes of this book are written by the three editors and 32 other contributors (by my count). Even the number of essayists here is evidence of the interest throughout the country in children's genitourinary surgical problems. The writers come from centers ranging from San Diego to Philadelphia, with almost half of them from the Mayo Clinic.

The 29 chapters seem to cover the relative topics most completely. One or two seemed outstandingly good to me. The last chapter, on Genetics, is very comprehensive and fills a need

for the majority of readers who were out of medical school before the modern age of this subject. The treatment of Intersex and Related Disorders (Chapter 26) and "Reconstruction of the Female with Ambiguous Genitalia" are eminently practical and effective. (It is easier to surgically make a partially functional vagina in the female than it is to make a penis in the male.)

Although the final chapters present impressive newer material, the entire book is presented adequately and thoroughly without prolixity. The symposium format, as here, will lean to irregular quality but such is not the case in this book. I recommend it without reservations to readers who have a need for knowledge of pediatric genitourinary disorders.

RODNEY A. MANNION, M.D.  
Urological Surgeon  
LaPorte

## How to Feed Your Hyperactive Child

*Laura Stevens, George E. Stevens, Rosemary B. Stoner, 1977, Doubleday & Company, Inc., 245 Park Ave., New York 10017, 240 pages, \$7.95.*

The hyperactive syndrome was described in a recent handbook of pediatrics as "poorly defined." Yet, the major symptoms of hyperactivity—excitability, impulsiveness, distractability, hostility, and even destructiveness—are present in many children with the syndrome. But while no two hyperactive children are exactly the same, the case history of "Jack" in the introduction should enable anyone to identify with the experiences of the parents of a hyperactive child.

**How to Feed Your Hyperactive Child** is co-authored by Laura and George Stevens—the parents—and Rosemary Stoner—who, with others, tried out recipes. The book deals with the dietary approach to treating the hyperactive child. This approach, developed by Dr. Ben Feingold, has received acclaim and disbelief. As the authors point out, "This diet has not been proved scientifically to the satisfaction of much of the medical community." There have been scattered reports, however, that the diet

has been helpful for those children who do not respond to drug treatment. Still, a group of researchers at the University of Pittsburgh has cautiously concluded that an additive-free, salicylate-free diet may reduce hyperactivity in some children.

Essentially, what the book presents is additive-free, salicylate-free recipes. Included are recipes for making staples, such as butter, catsup, mustard, and so on. It also tells how to explain the diet to the child and how to help him stick with it. The comprehensive appendix includes safe brands, evaluating the results of the diet, basic nutrition, and related topics. The authors recommend that any child placed on the diet be closely followed by a physician.

The book certainly should be of use for those parents who have reached an impasse in helping their hyperactive child. Because of its thoroughness and measured approach to the subject, the book can be enthusiastically recommended.

W. D. SNIVELY, JR., M.D.  
Internal Medicine  
Evansville

# BOOK REVIEWS

## Handbook of Poisoning

*Robert H. Dreisbach, M.D., Lange Medical Publications, Drawer L, Los Altos, Calif. 94022, 9th Edition, 1977, 559 pages, \$8.00.*

Any standard manual that goes through nine editions must be remarkably worthwhile.

This compact, plastic-bound handbook provides a concise summary of the diagnosis and treatment of clinically important poisons. Its division of poisons into industrial, agricultural,

household, medicinal, and natural impresses this reviewer as logical and useful. Inclusion of brand names of proprietaries increases the value of the manual. The publishers, Lange Medical Publications, have the laudible (and unusual) custom of keeping their textbooks up to date by frequent revision.

W. D. SNIVELY, JR., M.D.  
Internal Medicine  
Evansville

## Clinical Cardiology

*Maurice Sokolow, M.D. and Malcolm B. McIlroy, M.D., Lange Medical Publications, Drawer L, Los Altos, Calif. 94022, 1977, 659 pages, \$16.00*

This has been the most satisfying text I have ever read covering clinical cardiology, chiefly because of the new approach of this very important phase of medicine. This book reflects many years of effort by the authors, both in research and personal clinical study, to present a most complete reference in cardiac evaluation as seen daily by medical students, house staff trainees in cardiology, internists and general physicians. The far-reaching and invasive aspect of today's medical approach in the cardiac field has been tremendous and the expertise of the authors to produce a record so complete, comprehensive and instructive has been unsurpassed in the realm of publications.

Chapter One, The Physiology of the Circulatory System, is a splendid review of the "workings" of the heart and is a truly excellent refresher course in what makes the heart "tick." The need of a good history and a basic physical examination for the benefit of the general evaluation of the patient's complaints without the narrow view of one organ or dysfunction is very definitely emphasized. I believe these two functions have been neglected by many when a cardiac patient is seen. The importance of the clinical physiology has also been stressed in this book.

When the basic procedures have been fully evaluated, special investigations, both noninvasive and invasive, can be instituted more intelligently to establish the diagnosis and eventually the therapeutic procedures warranted. The chapter on emergency efforts needed in treating the acute cardiac patient is

very thoroughly and accurately outlined.

All phases of coronary artery disease, probably the most widely increasing pathology in medicine today, has been given complete consideration and evaluation in this book. Included is every detail of the early discovery of this condition, the early treatment, the ability to determine the severity of the attack, the most successful plan to cope with the acute attack, the use of the laboratory facilities to aid in the treatment plan and the intelligent approach in the area of cardiac rehabilitation.

The chapter on hypertension is very informative, explaining the importance of a better understanding of the underlying cause of the systemic breakdown of cardiac, renal, cerebral, pulmonary or peripheral functions as noted daily in the practice of medicine. The treatment of the various complications noted in the hypertensive individual are covered very thoroughly, with special emphasis on present-day therapy and use of sophisticated laboratory procedures for more detailed evaluation.

I was most interested in the authors' approach to the problem of cardiac failure, congenital heart problems, valvular heart disease, conduction defects and arrhythmias. All these areas were minutely explored as to the cause, the treatment of choice (including the most recent surgical and technical procedures), and secondary associated effects of other body functions and disorders. Every medical student, intern and resident—and all physicians, regardless of the type of practice—should read this book as a refresher course. It is a complete and up-to-date reference material.

I. W. WILKENS, M.D.  
Internal Medicine  
Indianapolis

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# OBITUARIES

## Joseph Shapiro, M.D.

Dr. Shapiro, 62, an East Chicago general practitioner, died April 12 at Michael Reese Hospital, Chicago.

He was a 1943 graduate of the University of Illinois School of Medicine. He had practiced in East Chicago the past 25 years.

Dr. Shapiro, a World War II veteran, was on the staff of St. Catherine Hospital, a member of the Whiting Clinic, and founder of the Gary Convalescent Home.

## Thomas G. Donovan, M.D.

Dr. Donovan, 33, an Evansville internist, died April 9 at Welborn Memorial Baptist Hospital, Evansville, after a long illness.

A 1970 graduate of Cornell University Medical College, he joined the staff of Welborn in 1975. He also was on the staff at St. Mary Medical Center. A native of Maysville, Ky., Dr. Donovan had been graduated magna cum laude from the University of Notre Dame in 1966.

Dr. Donovan, who served two years with the U.S. Air Force medical corps, was a member of the American College of Physicians and the American Society of Internal Medicine.

## Jackson W. (Jack) Modisett, M.D.

Dr. Modisett, 58, a Madison general practitioner, died March 26 in King's Daughters' Hospital, Madison.

He was a 1943 graduate of the Indiana University School of Medicine. A U.S. Navy veteran of World War II, he had practiced in Madison since 1946. He was one of the founders of the Madison Clinic.

Dr. Modisett, a staff member of King's Daughters' Hospital, was a former president of the Jefferson-Switzerland County Medical Society.

He was active in Scouting and was particularly well known in Indiana as a driver, trainer and breeder of standardbred horses. Last year, Louisville Downs had a "Jack Modisett Day" in recognition of his prowess as a surrey driver.

## Norman M. Silverman, M.D.

Dr. Silverman, 71, a Terre Haute psychiatrist, died March 11 in Regional Hospital, Terre Haute.

A 1932 graduate of the Indiana University School of Medicine, Dr. Silverman became a full-time staff member of Indiana State University in 1969.

## John B. Mitchell, M.D.

Dr. Mitchell, 52, director of nutritional affairs at Mead Johnson in Evansville, died March 3 at his home.

A 1950 graduate of the University of Texas Medical School, he had been employed with the pharmaceutical firm since 1962. He was a member of the pediatric teaching staff at St. Mary's Medical Center and served as a consultant to the PKU Collaborative Study of DHEW.

Dr. Mitchell was a diplomate of the American Board of Pediatrics.

## Ray T. Foster, M.D.

Dr. Foster, 60, a New Castle physician, died March 4 at St. Vincent Hospital, Indianapolis.

A 1942 graduate of the St. Louis University School of Medicine, he had been medical director of Chrysler Corp. in New Castle the past 10 years.

Dr. Foster, a World War II veteran, served 10 years as Henry County health officer. He was a member of the American College of Surgeons, the Indiana Industrial Medical Society and the American Occupational Medical Society.

## Harvey N. Middleton, M.D.

Dr. Middleton, 83, an Indianapolis cardiologist, died March 18 at Methodist Hospital.

A senior member of the Indiana State Medical Association, Dr. Middleton was a 1926 graduate of Meharry Medical College, Nashville, Tenn. He later became the first black physician on the staff at Indianapolis' City Hospital (now Wishard Memorial) and at St. Vincent Hospital. He also had been on the staff at Methodist, Community and Winona Memorial Hospitals. He operated a private practice until his death.

Dr. Middleton was an associate professor at the I.U. School of Medicine and was a fellow of the American College of Cardiology. He became a member of ISMA's 50-Year Club in 1976.

## Fielding P. Williams, M.D.

Dr. Williams, 65, a Huntingburg general practitioner, died April 9 in his home.

He was a 1939 graduate of the Indiana University School of Medicine and had practiced in Huntingburg since that time.

Dr. Williams, a World War II veteran, was an official referee of the National Rifle Association.

**ISMA ANNUAL MEETING**  
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# COMMERCIAL ANNOUNCEMENTS

Commercial announcements are carried in The Journal as a special service to ISMA members. Only advertisements considered by publisher to be of advantage to members will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

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Richard C. McNabb, M.D., Deputy Commissioner, Indpls.

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Donald Goodwell, 304 Henley Rd., South, Richmond (representing Advisory Committee, Richmond State Hospital)  
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Dr. Dewey Moore, R.R. 2, Box 313, Chandler (representing Advisory Committee, Evansville State Hospital)  
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Mrs. Dorothy Kazmierzak, 2828 Rockne Dr., South Bend (representing Northern Indiana State Hospital and Developmental Disabilities Center Advisory Committee)

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E. Keith Miller, Assistant Superintendent, Administration

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# Professional Medical and Allied Organizations

Due to the additional content of the Yearbook, cut-off date for changes in the following groups was in April. Some have changed in the interim. However, it is felt that where officers have changed, a query to those listed here will put interested persons in contact with such groups.

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535 North Dearborn Street, Chicago, Illinois 60610

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Atlanta, Ga

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**Executive Director**—W. Michael Gallagher

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## *Community Mental Health Services In the State of Indiana: 1978*

DANIEL D. STEINER, ACSW  
Indiana Department of Mental Health  
Indianapolis

Following is a list of outpatient mental health facilities and comprehensive community mental health centers in the state of Indiana, alphabetized by city of location. The reader who might be interested in additional services (day care, halfway house care, psychological testing and a

more detailed listing of services, staff and application procedure) should consult Daniel D. Steiner, Director of Community Mental Health Services, Department of Mental Health, Five Indiana Square, Indianapolis 46204; 317-633-7558.

### **Anderson**

\*The Center for Mental Health, Inc., P.O. Box 1258, 46015,  
429 Citizens Bank Bldg.—317-642-4968

Thomas A. Fedor, M.D., Medical Director  
Richard DeHaven, Administrator

### **Bloomington**

Indiana University Psychological Clinic, Psychology Building,  
47401—812-337-2311

Leon Levy, Ph.D., Director

\*South Central Community Mental Health Center, 640 S.  
Rogers St., 47401—812-339-1691

Herman Brown, Ph.D., Executive Director  
William Gilkey, Ph.D., Director of Clinical Services

\*Partially supported by the Indiana Department of Mental  
Health.

\*\*Completely supported by the Indiana Department of Mental  
Health.

### **Columbus**

\*Quinco Consulting Center, 2075 Lincoln Park Drive, 47201—  
812-379-2341

John Carver, Exec. Director

### **Danville**

\*Cummins Mental Health Clinic, Inc., 258 Meadow Drive,  
46122—317-745-5419

Gary D. Beck, ACSW, Director

### **East Chicago**

\*Tri-City Comprehensive Community Mental Health Center,  
Inc., 3901 Indianapolis Blvd., East Chicago 46312—219-398-  
7050

Glenn Kuipers, ACSW, Center Administrator  
George Batacan, M.D., Medical Director

### **Elkhart**

\*Oaklawn Community Mental Health Center, Inc., 2600 Oakland Ave., 46514—219-294-3551  
Otto D. Klassen, M.D., Medical Director  
Hal C. Loewen, Administrator

### **Evansville**

\*Southwestern Indiana Mental Health Center, Inc., 415 Mulberry St., 47713—812-423-7791  
Eugene Mittelman, M.D., Ph.D., Executive Director  
Robert M. Spear, Associate Executive Director

### **Fort Wayne**

\*Mental Health Center at Fort Wayne, Inc., 909 E. State Blvd., Fort Wayne 46805—219-482-9111  
Robert L. Greenlee, M.D., Executive Director  
Richard W. Noel, Administrator

### **Gary**

Gary Community Mental Health Center, Gary National Bank Bldg., 504 Broadway, 46402—219-885-4264  
Odessa Khaton, M.D., Medical Director

### **Indianapolis**

\*Long Adult Psychiatry Clinic, Indiana-Purdue University Medical Center, 1100 W. Michigan St., 46202—317-264-7422  
Jack Adair, M.D., Medical Director  
John I. Nurnberger, M.D., Administrator

\*\*Central State Hospital Clinic—Alcoholism—3000 W. Washington St., 46222—317-639-5304  
Rosendo G. Transinsin, M.D., Unit Chief  
Mrs. Deanne K. Peer, Administrator

\*Child Guidance Clinic of Marion County, Inc., 1949 E. 11th St., 46201—317-632-5381  
Antonio Recinto, M.D., Medical Director  
Ben L. Glancy, ACSW, Administrator

Epilepsy Clinic of The Indiana University Medical Center, Fifth Floor, Riley Hospital, 46202—317-264-4974  
Omkar Markand, M.D., Medical Director

Episcopal Community Services, Inc., 1537 Central Ave., 46202—317-635-2538  
Mrs. Anna Hipple, Board President

Gallahue Mental Health Center, 1500 N. Ritter Ave., 46219—317-353-5931  
James Davis, M.D., Medical Director  
Seward A. Horner, Administrator

\*\*Larue D. Carter Memorial Hospital—Outpatient Clinic, 1315 W. 10th St., 46202—317-634-8401  
Joseph A. FitzGerald, M.D., Director and Administrator

\*Midtown Community Mental Health Center, 1001 W. 10th St., 46202—317-630-7606  
James J. Wright, M.D., Medical Director  
Dennis Jones, ACSW, MBA, Associate Program Director

Pediatric-Neurology Clinic (formerly James Whitcomb Riley Memorial Clinic for Intellectually Handicapped Children), First Floor, Riley Hospital, 46202—317-264-8747  
Arthur L. Drew, M.D., Medical Director

Regenstrief Health Center, 1001 W. 10th St., 46202—317-630-7363

\*Riley Child Guidance Clinic, Indiana University Medical Center, 1100 W. Michigan St., 46202—317-264-8162  
Donald Churchill, M.D., Medical Director and Administrator

### **Jasper**

\*Southern Hills Mental Health Center, Inc., P.O. Box 245, 939 Memorial Drive, 47546—812-482-3020  
Robert Flick, MBA, Executive Director

### **Jeffersonville**

\*Southern Indiana Mental Health and Guidance Center, Inc., 207 W. 13th St., 47130—812-283-4491  
Joseph B. Brill, M.D., Director  
John Case, Administrator

### **Kendallville**

\*Northeastern Community Comprehensive Mental Health Center, 305 E. North St., 46755—219-347-2453  
William P. Schantz, M.D., Medical Director  
Dale Cochard, Executive Director

### **Kokomo**

Regional Mental Health Center, 3500 S. Lafountain St., 46901—317-453-7801  
John A. Bowman, M.D., Medical Director  
Gilbert Anderson, Ed.D., Administrator

### **Lafayette**

Purdue Psychological Services Center, Education Building, Purdue University, West Lafayette 47907—317-749-2754  
James D. Linden, Ph.D., Director  
Theodore Wachs, Ph.D., Child Clinic Services

\*Wabash Valley Hospital Mental Health Center, Inc., 2900 N. River Road, West Lafayette 47906—317-463-2555  
Richard F. Rahdert, M.D., Medical Director  
Donald R. Kinzer, Administrator

### **LaPorte**

\*LaPorte County Comprehensive Mental Health Center, 1304 Jefferson Ave., LaPorte 46350—219-362-2145  
James Hunt, Executive Director

### **Lawrenceburg**

\*Community Mental Health-Mental Retardation Center, Inc., 285 Bielby Rd., Lawrenceburg 47025—812-537-1302  
Ronald Myers, M.D., Medical Director  
James Jones, Executive Director

### **Logansport**

\*Guidance Center/Four County Comprehensive Mental Health Center, 200 Eel River Ave., 46947—219-753-6328  
James J. Bibby, Administrator  
Robert K. Jones, Assistant Administrator  
Scott Carson, Clinical Director

### **Madison**

\*\*Madison State Hospital Outpatient Clinic, Madison 47250—812-265-2611  
Donald B. Rogers, M.D., Medical Director  
Ott B. McAtee, M.D., Superintendent

#### **Marion**

\*Grant-Blackford County Mental Health Center, 505 Wabash Ave., 46952—317-662-3971

John Stewart, M.D., Medical Director  
John A. Creek, AB, Executive Director

#### **Merrillville**

Southlake Community Mental Health Center, 514 E. 86th Ave., 46410—219-769-4005

Lee Strawhun, Executive Director  
James L. Beverly, Deputy Director

#### **Muncie**

Comprehensive Mental Health Services of East Central Indiana, Inc., 1525 N. Walnut St., 47303—317-288-8843

David Wright, Ph.D., Executive Director  
Chester A. Beemer, Assistant Executive Director

#### **Noblesville**

Tri-County Mental Health Foundation, Inc., P.O. Box 363, 1249 E. Connor St., 46060—317-773-6864

Fred Koss, ACSW, Director

#### **Richmond**

\*Camilla B. Dunn Mental Health Center, Inc., 54 S. 15th St., 47374—317-962-1523

Samuel Thornton, Ed.D., Executive Director  
Janet Evans, R.N., Administrative Assistant

#### **South Bend**

\*The Mental Health Center of St. Joseph County, Inc., 403-405 E. Madison St., 46617—219-234-0061

C. Glenn Harris, M.D., Medical Director  
Joseph Stephens, Executive Director

#### **Terre Haute**

\*Katherine Hamilton Mental Health Center, 620 Eighth Ave. 47804—812-232-1181

William C. Shriner, M.D., Medical Director  
Thomas Barone, Director of Administration

#### **Valparaiso**

\*Porter-Starke Services, 701 Wall St., 46383—219-464-8541

Lee Grogg, Director  
Thomas A. Nimitz, ACSW, Clinical Coordinator

#### **Vincennes**

\*Vincennes Comprehensive Mental Health Center, Good Samaritan Hospital, 520 S. Seventh St., 47591—812-885-3291

Frederick H. Buehl, M.D., Medical Director  
Larry L. Burch, ACSW, Associate Director of Administration

#### **Warsaw**

\*Otis R. Bowen Center for Human Services, Inc., 850 N. Harrison St., 46580—219-267-7169

H. Matheu, M.D., Director of Clinical Services  
Ben Knott, Ph.D., Executive Director

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## *Federally Approved Rehabilitation Centers in Indiana*

#### **CLARK COUNTY**

Southeastern Indiana Rehabilitation Center, Inc.  
1329 Applegate Lane  
Clarksville 47130

#### **ELKHART COUNTY**

Association For The Disabled of Elkhart County, Inc.  
P.O. Box 398  
Bristol 46507

#### **LAKE COUNTY**

Trade Winds Rehabilitation Center Inc.  
5901 West 7th  
Gary 46406

#### **MARION COUNTY**

Crossroads Rehabilitation Center  
3242 Sutherland Avenue  
Indianapolis 46205

#### **VANDERBURGH COUNTY**

The Rehabilitation Center, Inc.  
3701 Bellemeade Avenue  
Evansville 47715

# *Approved Hospitals in Indiana\**

April 1, 1978

## **ADAMS COUNTY**

**Adams County Memorial Hospital**  
805 High St., Decatur 46733  
Andrew J. Barrett II, Executive Director

## **ALLEN COUNTY**

**The Lutheran Hospital of Fort Wayne**  
3024 Fairfield Ave., Fort Wayne 46807  
Robert H. Reedy, President  
**Parkview Memorial Hospital, Inc.**  
2200 Randalia Dr., Fort Wayne 46805  
Mark Slen, Executive Director  
**St. Joseph's Hospital of Fort Wayne, Inc.**  
700 Broadway, Fort Wayne 46802  
Sister M. Kathleen Quinn, Adm.

## **BARTHOLOMEW COUNTY**

**Bartholomew County Hospital**  
2400 E. 17th St., Columbus 47201  
Robert S. Borczon, Executive Director

## **BLACKFORD COUNTY**

**Blackford County Hospital**  
503 E. Van Cleve St., Hartford City 47348  
David J. McIntire, Adm.

## **BOONE COUNTY**

**Witham Memorial Hospital**  
1124 N. Lebanon St., Lebanon 46052  
John B. Riekema, Adm.  
**Koala Center (Psychiatric)**  
1711 Lafayette Ave.  
P.O. Box 627, Lebanon 46052  
Hal Thompson, Adm.

## **CASS COUNTY**

**Memorial Hospital**  
1101 Michigan Ave., Logansport 46947  
Herbert L. Fromm, Executive Director

## **CLARK COUNTY**

**Clark County Memorial Hospital**  
1220 Missouri Ave., Jeffersonville 47130  
Benedict Heslen, Adm.  
**North Clark Community Hospital**  
State Road 3, P.O. Box 214, Charlestown 47111  
Robert N. Shaw, Exec. Dir.

## **CLAY COUNTY**

**Clay County Hospital**  
1206 E. National Ave., Brazil 47834  
Richard Denney, Adm.

## **CLINTON COUNTY**

**Clinton County Hospital**  
1300 S. Jackson St., Frankfort 46041  
William J. Russell, Adm.

## **DAVISS COUNTY**

**Daviess County Hospital**  
1314 Grand Ave., Washington 47501  
William D. Gibson, Adm.

## **DEARBORN COUNTY**

**Dearborn County Hospital**  
600 Wilson Creek Rd., Lawrenceburg 47025  
Daniel J. Rissing, Adm.

## **DECATUR COUNTY**

**Decatur County Memorial Hospital**  
720 N. Lincoln St., Greensburg 47240  
Phillip D. Marlott, Executive Director

## **DEKALB COUNTY**

**DeKalb Memorial Hospital, Inc.**  
East Seventh St., Auburn 46706  
L. C. Baker, Adm.  
**Garrett Community Hospital, Inc.**  
1367 S. Randolph St., Garrett 46738  
Ben D. Childers, Adm.

## **DELAWARE COUNTY**

**Ball Memorial Hospital**  
2401 University Ave., Muncie 47303  
Roy F. Erickson, Pres.

## **DUBOIS COUNTY**

**Little Company of Mary of Indiana, Inc.**  
**D/B/A Memorial Hospital**  
800 West 9th St., Jasper 47546  
Herman A. Kohlman, Executive Director  
**St. Joseph's Hospital**  
Leland Heights, Huntingburg 47542  
Norman Wright, Adm.

## **ELKHART COUNTY**

**Elkhart General Hospital**  
600 East Boulevard, Elkhart 46514  
Dale S. Strassheim, Pres.  
**Goshen General Hospital**  
200 High Park Avenue, Goshen 46526  
Warren O. Phemister, Adm.

## **FAYETTE COUNTY**

**Fayette Memorial Hospital Association, Inc.**  
1941 Virginia Ave., Connersville 47331  
Jack A. Peters, Exec. Dir.

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\*Approved by the Indiana Hospital Licensing Council and the Indiana State Board of Health.

## **FLOYD COUNTY**

**Memorial Hospital of Floyd County**  
1850 State St., New Albany 47150  
William I. Fender, Adm.

## **FULTON COUNTY**

**Woodlawn Hospital of Rochester, Indiana**  
624 Pontiac St., Rochester 46975  
Robert E. Kelsey, Jr., Exec. Dir.

## **GIBSON COUNTY**

**Gibson General Hospital**  
1808 Sherman Drive, Princeton 47670  
Howard F. Vire, Adm.  
**Wirth Osteopathic Hospital**  
Highway 64, West, Oakland City 47660  
Albert Ban, Jr., Adm.

## **GRANT COUNTY**

**Marion General Hospital**  
Wabash at Euclid, Marion 46952  
John W. Green, Adm.

## **GREENE COUNTY**

**Greene County General Hospital**  
R.R. 1, Lone Tree Road & Hwy. 54E, Linton 47441  
Malcolm M. Clippinger, Adm.

## **HAMILTON COUNTY**

**Riverview Hospital**  
395 Westfield Rd., Noblesville 46060  
Peter R. Mariani, Adm.

## **HANCOCK COUNTY**

**Hancock County Memorial Hospital**  
801 North State Street, Greenfield 46140  
John B. White, Adm.

## **HARRISON COUNTY**

**Harrison County Hospital**  
R.R. 6, Box 75, Corydon 47112  
Timothy C. Lawson, Exec. Dir.

## **HENDRICKS COUNTY**

**Hendricks County Hospital**  
1000 E. Main St., Danville 46122  
Dennis W. Dawes, Adm.

## **HENRY COUNTY**

**Henry County Memorial Hospital**  
1000 N. 16th, P.O. Box 490, New Castle 47362  
Jack J. Balser, Adm.

## **HOWARD COUNTY**

**Howard Community Hospital**  
3500 S. Lafountain St., Kokomo 46901  
George R. Banjak, Adm.  
**St. Joseph Memorial Hospital of Kokomo, Ind., Inc.**  
1907 W. Sycamore St., Kokomo 46901  
Sister M. Martin C.S.J., Adm.

## **HUNTINGTON COUNTY**

**Huntington Memorial Hospital**  
1215 Etna Ave., Huntington 46750  
Leigh E. Morris, President

## **JACKSON COUNTY**

**Jackson County Schneck Memorial Hospital**  
200 S. Walnut St., Seymour 47274  
George H. James, Jr., Adm.

## **JASPER COUNTY**

**Jasper County Hospital**  
1104 East Grace St., Rensselaer 47978  
Jack M. Corey, Exec. Dir.

## **JAY COUNTY**

**Jay County Hospital**  
505 W. Arch St., Portland 47371  
L. Paul Grummer, Adm.

## **JEFFERSON COUNTY**

**The King's Daughters' Hospital**  
112 Presbyterian Ave., Madison 47250  
W. A. McAlexander, Adm.

## **JENNINGS COUNTY**

**Jennings Community Hospital**  
301 Henry St., North Vernon 47265  
Lou Vaught, Adm.

## **JOHNSON COUNTY**

**Indiana Masonic Home Hospital**  
690 South State St., Franklin 46131  
Marvin L. Isley, Adm. of Home  
Mrs. Evelyn M. Stanley, Adm. of Hospital

**Johnson County Memorial Hospital**  
Hwy. 44, West  
P.O. Box 368, Franklin 46131  
Norbert G. Smith, Adm.

## **KNOX COUNTY**

**Good Samaritan Hospital**  
520 S. Seventh St., Vincennes 47591  
Charles Arends, Exec. Dir.

## **KOSCIUSKO COUNTY**

**Kosciusko Community Hospital, Inc.**  
2101 East Dubois Drive, Warsaw 46580  
L. Milton Holmgren, Adm.

**Murphy Medical Center, Inc.\***  
101 West Winona Ave., Warsaw 46580  
Robert A. Berryman, Adm.

## **LAGRANGE COUNTY**

**LaGrange County Hospital**  
Townline Road, LaGrange 46761  
Mrs. Elsie R. Willard, Exec. Dir.

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\*Licensure pending submission of a completed application.

## LAKE COUNTY

**Broadway Methodist Hospital**  
8701 Broadway, Merrillville 46410  
R. B. Glesne, Adm.

**Our Lady of Mercy Hospital**  
U. S. Highway 30, Dyer 46311  
Sister Mary Florence Salatka, R.S.M., Adm.

**St. Anthony Medical Center**  
Main and Franciscan Rd., Crown Point 46307  
Lawrence T. Filosa, Pres.

**St. Catherine Hospital of East Chicago**  
4321 Fir St., East Chicago 46312  
Sister M. Stephen Brueggeman, Adm.

**The Methodist Hospital of Gary, Inc.**  
600 Grant Street, Gary 46402  
R. B. Glesne, Adm.

**St. Mary Medical Center, Inc.**  
540 Tyler St., Gary 46402  
Paul R. Kaiser, Adm.

**St. Margaret Hospital**  
25 Douglas St., Hammond 46320  
Sister M. Doris Hodges, O.S.F., Adm.

**St. Mary Medical Center, Inc.**  
1500 S. Lake Park Ave., Hobart 46342  
Paul R. Kaiser, Adm.

**The Community Hospital**  
901 MacArthur Blvd., Munster 46321  
Edward P. Robinson, Adm.

## LAPORTE COUNTY

**LaPorte Hospital, Inc.**  
State and Madison Avenues, LaPorte 46350  
David D. Kramer, Adm.

**Memorial Hospital of Michigan City**  
5th and Pine Sts., Michigan City 46360  
Norman D. Steider, Adm.

**St. Anthony Hospital**  
301 W. Homer St., Michigan City 46360  
Sister Mary Agnes Zinselmeyer, Adm.

**Walters Hospital Foundation, Inc.**  
3714 S. Franklin St., Michigan City 46360  
Donald Muhlenhalter, Adm.

## LAWRENCE COUNTY

**Bedford Medical Center**  
2900 W. 16th Street, Bedford 47421  
Donald W. Dodds, Adm.

**Dunn Memorial Hospital**  
1600 23rd St., Bedford 47421  
Jerome W. Krautkramer, Adm.

## MADISON COUNTY

**Community Hospital of Anderson and Madison County**  
1515 N. Madison Ave., Anderson 46012  
Ms. Linda J. Miller, Adm.

**Mercy Hospital, Inc.**  
1331 South "A" St., Elwood 46036  
Edward J. Tapek, Adm.

**St. John's Memorial Hospital**  
2015 Jackson, Anderson 46014  
Sister Mary Brooks, C.S.C., Adm.

## MARION COUNTY

**Community Hospital of Indianapolis, Inc.**  
1500 N. Ritter Ave., Indianapolis 46219  
Allen M. Hicks, Pres.

**Cornelia Cole Fairbanks Hospital (Alcohol Addiction Only)**  
1575 Northwestern Ave.  
Indianapolis 46204  
Robert Wagener, Adm.

**Indiana University Hospitals**  
1100 W. Michigan St., Indianapolis 46202  
Roger S. Hunt, Dir.

**Methodist Hospital of Indiana, Inc.**  
1604 N. Capitol Ave., Indianapolis 46202  
Jack A. L. Hahn, President

**St. Francis Hospital Center**  
1600 Albany St., Beech Grove 46107  
Sister Mary Henrita Laake, Exec. Dir.  
Don D. Hamachek, Adm.

**St. Vincent Hospital and Health Care Center, Inc.**  
2001 W. 86th St., Indianapolis 46260  
Sister Gertrude Bastnagel, D.C., Adm.

**University Heights Hospital, Inc.**  
3350 Carson Ave., Indianapolis 46227  
Raymond E. Laughlin, Adm.

**Westview Osteopathic Medical Hospital**  
3630 Guion Rd., Indianapolis 46222  
James F. Knopp, Pres. and Adm.

**Winona Memorial Hospital**  
3232 N. Meridian St., Indianapolis 46208  
Ryland P. Davis, Exec. Vice-Pres.

**William N. Wishard Memorial Hospital**  
1001 W. 10th St., Indianapolis 46202  
Robert van Hoeck, M.D., Medical Director  
William I. Jenkins, Adm.

## MARSHALL COUNTY

**Community Hospital of German Township, Inc.**  
411 S. Whitlock St., Bremen 46506  
Roy M. Foltin, Adm.

**Marshall County Parkview Hospital**  
1401 N. Michigan St., Plymouth 46563  
Martin P. Braaksma, Exec. Dir.

## MIAMI COUNTY

**Dukes Memorial Hospital**  
Grant and Boulevard, Peru 46970  
Robert L. Allman, Exec. Dir.

## MONROE COUNTY

**Bloomington Hospital**  
605-625 W. Second St., Bloomington 47401  
Roland E. Kohr, Adm.

## MONTGOMERY COUNTY

**Montgomery County Culver Union Hospital**  
306 Binford St., Crawfordsville 47933  
William Stoltz, Exec. Dir.

## **MORGAN COUNTY**

**The Margaret Kendrick Memorial Hospital, Inc.**  
1201 Hadley Road, Mooresville 46158  
Mrs. Louise D. Swisher, Adm.

**Morgan County Memorial Hospital**  
2209 John R. Wooden Dr., Martinsville 46151  
Kenneth G. Stella, Adm.

## **NEWTON COUNTY**

**George Ade Memorial Hospital of Newton County**  
Highway 16, Brook 47922  
Paul C. Poparad, Adm.

## **NOBLE COUNTY**

**McCray Memorial Hospital, Inc.**  
Hospital Drive, Kendallville 46755  
Richard H. Mills, Adm.

## **ORANGE COUNTY**

**Orange County Hospital**  
Sandy Hook Road, Paoli 47454  
W. Lavelle Garritson, Exec. Dir.

## **PERRY COUNTY**

**Perry County Memorial Hospital**  
P.O. Box H. Star Route, Tell City 47586  
James A. Mroch, Adm.

## **PORTER COUNTY**

**Porter Memorial Hospital**  
814 LaPorte Ave., Valparaiso 46383  
Arthur S. Malasto, Adm.

## **PULASKI COUNTY**

**Pulaski Memorial Hospital**  
616 East 13th St., Winamac 46996  
Theodore H. Kittell, Ph.D., Exec. Dir.

## **PUTNAM COUNTY**

**Putnam County Hospital**  
330 Greenwood Ave., Greencastle 46135  
John D. Fajt, Exec. Dir.

## **RANDOLPH COUNTY**

**Randolph County Hospital**  
Oak St. and Greenville Ave., Winchester 47394  
Bryan R. Zeh, Adm.

**Union City Memorial Hospital**  
900 N. Columbia St., Union City 47390  
Michael S. Shaffer, Adm.

## **RIPLEY COUNTY**

**Margaret Mary Community Hospital**  
Mitchell Road, Batesville 47006  
Wilbur L. Mauzy, Adm.

## **RUSH COUNTY**

**Rush Memorial Hospital**  
1300 N. Main St., Rushville 46173  
Karl F. Stein, Adm.

## **ST. JOSEPH COUNTY**

**Healthwin Hospital**  
20531 W. Darden Road, South Bend 46637  
Donald F. Henry, Adm.

**Memorial Hospital of South Bend**  
615 N. Michigan St., South Bend 46601  
Richard W. Trenkner, Adm.

**St. Joseph Hospital of Mishawaka, Indiana, Inc.**  
215 W. 4th St., Mishawaka 46544  
Sister M. Maureen Freihage, Adm.

**St. Joseph's Hospital**  
811 E. Madison St., South Bend 46634  
David C. Trew, Adm.

**South Bend Osteopathic Hospital**  
2515 E. Jefferson Blvd., South Bend 46615  
A. F. Kull, D.O., President  
Stanley J. Fleece, Adm.

## **SCOTT COUNTY**

**Scott County Memorial Hospital**  
R.R. 1, Box 19, Scottsburg 47170  
Arthur B. Allaben, Adm.

## **SHELBY COUNTY**

**William S. Major Hospital**  
150 W. Washington St., Shelbyville 46176  
Frank H. Learned, Adm.

## **STARKE COUNTY**

**Starke Memorial Hospital**  
102 E. Culver Road, Knox 46534  
William F. Foster, Exec. Dir.

## **STEBEN COUNTY**

**Cameron Memorial Community Hospital, Inc.**  
416 East Maumee St., Angola 46703  
Eugene H. Rexilius, Adm.

## **SULLIVAN COUNTY**

**Mary Sherman Hospital**  
320 N. Section St., Sullivan 47882  
William H. Sluder, Adm.

## **TIPPECANOE COUNTY**

**Lafayette Home Hospital, Inc.**  
2400 South St., Lafayette 47902  
Franklin E. Simek, Adm.

**Purdue University Student Hospital**  
Purdue University  
West Lafayette 47907  
Loyal W. Combs, M.D., Dir.

**St. Elizabeth Hospital Medical Center**  
1501 Hartford Street, Lafayette 47904  
Paul E. Hess, Adm.

## **TIPTON COUNTY**

**Tipton County Memorial Hospital**  
1000 South Main Street, Tipton 46072  
James C. Talley, Adm.

#### **VANDEBURGH COUNTY**

**Deaconess Hospital, Inc.**  
600 Mary St., Evansville 47747  
David A. Johnson, Adm.

**St. Mary's Hospital, Medical Center of Evansville, Inc.**  
3700 Washington Ave., Evansville 47750  
Sister Theresa Peck, Adm.

**Welborn Memorial Baptist Hospital, Inc.**  
401 S.E. 6th St., Evansville 47713  
Donald I. Gent, Executive Dir.

#### **VERMILLION COUNTY**

**Vermillion County Hospital**  
801 S. Main St., Clinton 47842  
Gerald C. Dooley, Adm.

#### **VIGO COUNTY**

**Terre Haute Regional Hospital**  
1021 S. 6th St., Terre Haute 47808  
Allyn R. Harris, Adm.

**Union Hospital, Inc.**  
1606 N. 7th St., Terre Haute 47804  
Frank Shelton, Adm.

#### **WABASH COUNTY**

**Wabash County Hospital**  
670 N. East St., Wabash 46992  
C. W. Hendrix, Exec. Dir.

#### **WARREN COUNTY**

**Community Hospital Assn., Inc.**  
412 N. Monroe St., Williamsport 47993  
Mrs. Norma Hillyer, R.N., Adm.

#### **WARRICK COUNTY**

**Warrick Hospital, Inc.**  
1116 Millis Ave., Boonville 47601  
William Emig, Interim Adm.

#### **WASHINGTON COUNTY**

**Washington County Memorial Hospital**  
911 N. Shelby Street, Salem 47167  
Rodney M. Coats, Adm.

#### **WAYNE COUNTY**

**Reid Memorial Hospital**  
1401 Chester Blvd., Richmond 47374  
Kenneth R. Spoon, Exec. Dir.

#### **WELLS COUNTY**

**Caylor-Nickel Hospital, Inc.**  
309 S. Main St., Bluffton 46714  
William F. Brockmann, Adm.

**Wells Community Hospital**  
1100 S. Main St., Bluffton 46714  
Paul Bender, Exec. Dir.

#### **WHITE COUNTY**

**White County Memorial Hospital**  
1101 O'Connor Blvd., Monticello 47960  
William R. Saunders, Adm.

#### **WHITLEY COUNTY**

**Whitley County Memorial Hospital**  
353 N. Oak St., Columbia City 46725  
Robert L. McConnell, Adm.

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## *Ambulatory Outpatient Surgical Centers*

#### **ALLEN COUNTY**

Fairfield Surgical Center—2828 Fairfield Avenue, Fort Wayne  
46807

Administrator: Wayne S. Miller, M.D.

Fort Wayne Surgical Center, Inc., 1333 Maycrest Drive, Fort  
Wayne 46805

Administrator: Charles T. Frissell, D.D.S.

#### **MARION COUNTY**

Indianapolis Women's Center, 5626 East 16th St., Indianapolis  
46218

Director: Ralph T. Streeter, M.D.

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# *Federally Approved Home Health Services Agencies in Indiana*

## **ALLEN COUNTY**

**Indiana Homemakers Inc.**  
2250 Lake Ave., Fort Wayne 46805

**Visiting Nurses Service of Fort Wayne, Inc.**  
227 E. Washington Blvd., Fort Wayne 46802

**Personnel Pool of Fort Wayne, Inc.**  
203 East Berry St., Fort Wayne 46802

## **BARTHOLOMEW COUNTY**

**Bartholomew County Health Department Home Health Service**  
2402 East 17th St., Columbus 47201

## **CASS COUNTY**

**Home Care Program of Memorial Hospital**  
1101 Michigan Ave., Logansport 46947

## **CLARK COUNTY**

**Clark County Health Department**  
North Clark Memorial Hospital, 3rd Floor, Charlestown 47111

## **DAVIESS COUNTY**

**Quad County Visiting Nurse Association, Inc.**  
508 Highland, Washington 47501

## **DEARBORN COUNTY**

**Rural Health Activities Home Health Agency**  
605 Wilson Creek Rd., Lawrenceburg 47025

## **DELAWARE COUNTY**

**Visiting Nurse Association, Inc.**  
2500 Bethel Avenue, Muncie 47304

**Indiana Homemakers Inc.**  
Rose Court Bldg., Suite 203, Muncie 47305

## **ELKHART COUNTY**

**Nursing Division, Elkhart County Health Unit**  
2400 E. Elkhart Rd., Goshen 46526

## **GRANT COUNTY**

**Grant County Visiting Nurse Association, Inc.**  
116 Cherry St., Marion 46952

## **HANCOCK COUNTY**

**East Side Home Care**  
R.R. #7, Box 70, Greenfield 47140

## **HUNTINGTON COUNTY**

**Huntington County Home Health Agency, Huntington Memorial Hospital**  
1215 Etna Avenue, Huntington 46750

## **JACKSON COUNTY**

**Home Health Care Division, Jackson County  
Department of Health, Jackson County Hospital**  
Poplar & Bruce Streets, Seymour 47274

## **JEFFERSON COUNTY**

**Home Health Division, Jefferson County Health Dept.**  
315 E. Second St., Madison 47250

## **JOHNSON COUNTY**

**Division of Nursing, Johnson County Health Dept.**  
2 E. Jefferson, Franklin 46131

## **KOSCIUSKO COUNTY**

**Home Health Care Service of Kosciusko County**  
524 S. Buffalo, Warsaw 46580

## **LAKE COUNTY**

**Home Care Department, Lake County Health Dept.**  
2293 N. Main, Crown Point 46307

**Home Nursing Service  
United Health Program,  
Calumet Area, Inc.**  
111 Sibley St., Hammond 46320

**Indiana Home Aid Nursing, Inc.**  
5800 Broadway, Merrillville 46410

**Medical Personnel Pool of Lake & Porter Counties, Inc.**  
5401 Broadway, Suite G, Merrillville 46410

**Northwest Indiana Home Health Services  
Visiting Nurse Association, Inc.**  
6513 Kennedy Avenue, Hammond 46323

**Northern Indiana Home Health Services, Inc.**  
3290 Grant Street, Gary 46408

## **LAPORTE COUNTY**

**Visiting Nurses Association of LaPorte County, Inc.**  
903 Indiana Ave., LaPorte 46350

## **LAWRENCE COUNTY**

**In-Home Services**  
P.O. Box 205, Mitchell 47446

## **MADISON COUNTY**

**Elwood V.N.A., Inc.**  
118 N. Anderson St., Elwood 46036

**V.N.A. of Anderson, Inc.**  
P.O. Box 2100, Anderson 46011

## **MARION COUNTY**

**Indiana Homemakers, Inc.**  
6352 N. Guilford, Indianapolis 46220

**Visiting Nurse Association of Greater Indianapolis, Inc.**  
615 N. Alabama St., Indianapolis 46204

**Home Care Agency of Greater Indpls., Inc.**  
1717 W. 86th St., Indianapolis 46260

**Medical Personnel Pool of Indpls., Inc.**  
300 E. Fall Creek Pkwy.—North Drive, Indianapolis 46205

#### **MONROE COUNTY**

**Public Health Nursing Assn. of Bloomington & Monroe County, Inc.**  
315 W. Dodds St., Bloomington 47401

#### **PORTER COUNTY**

**Visiting Nurse Association of Porter County, Inc.**  
755 W. Lincolnway, Valparaiso 46383

#### **RUSH COUNTY**

**Rush County Home Health Services**  
**Rush County Health Dept.**  
Courthouse, Room 5, Rushville 46175

#### **ST. JOSEPH COUNTY**

**Indiana Homemakers, Inc.**  
120 W. LaSalle, Rm. 1104, South Bend 46601

**Visiting Nurses Assn. of St. Joseph County, Inc.**  
321 Lincolnway West, South Bend 46601

**Medical Personnel Pool of South Bend, Inc.**  
108 N. Main St., Suite 322, South Bend 46601

#### **SCOTT COUNTY**

**Home Care Division, Scott County Health Department**  
R.R. 2, Scottsburg 47170

#### **TIPPECANOE COUNTY**

**Visiting Nursing Service of Lafayette, Inc.**  
1114 State St., Lafayette 47905

#### **VANDERBURGH COUNTY**

**Visiting Nurse Association of Southwestern Indiana, Inc.**  
120 S.E. First St., Evansville 47713

#### **VIGO COUNTY**

**Visiting Nurse Assn. of Terre Haute, Inc.**  
328 S. Fifth St., Terre Haute 47807

**Wabash Valley Home Health Care**  
1310 S. 3rd St., Terre Haute 47808

#### **WAYNE COUNTY**

**Wayne County Health Department**  
15 N. Tenth St., Richmond 47374

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## *Independent Laboratories Participating in the Medicare/Medicaid Program in Indiana as of January 1, 1978*

#### **ALLEN COUNTY**

**Duemling Clinic Laboratory**  
2828 Fairfield Ave.  
Fort Wayne 46807

**University Park Medical Clinic**  
5110 N. Clinton St.  
Fort Wayne 46805

**Lake Avenue Medical Laboratory**  
3217 Lake Ave.  
Fort Wayne 46805

**Ft. Wayne Medical Laboratory Corp.**  
519 Medical Center Building  
347 W. Berry St., P.O. Box 268  
Fort Wayne 46802

**New Haven Medical Laboratory**  
1010 Werling Road  
New Haven 46774

#### **BARTHOLOMEW COUNTY**

**Columbus Medical Laboratory**  
Doctors Park—Building #2  
Columbus 47201

#### **DELAWARE COUNTY**

**Pathologists Associated**  
407 W. Main St.  
Muncie 47305

#### **FLOYD COUNTY**

**Professional Arts Laboratory**  
Professional Arts Bldg., Suite 20  
1919 State St.  
New Albany 47105

#### **GREENE COUNTY**

**Haag Medical Laboratory**  
120 E. Vincennes St.  
Linton 47441

#### **JOHNSON COUNTY**

**Greenwood Medical Laboratory**  
622 N. Madison Ave.  
Greenwood 46142

#### **KNOX COUNTY**

**Vincennes Doctors' Laboratory**  
704 Vigo St.  
Vincennes 47591

#### **LAKE COUNTY**

**Crown Point Clinical Laboratory**  
113 N. Court St.  
Crown Point 46307

**DeGraff Pathology Laboratory**  
8237 Forest Avenue  
Munster 46321

**Hammond Clinic Laboratory**  
7905 Calumet Avenue  
Munster 46321

**Lake Ridge Medical Laboratory, Inc.**  
1573 N. Cline Ave.  
Griffith 46319

**South Lake Hematology Laboratory**  
8127 Merrillville Road  
Merrillville 46410

**Gary Medical Center Clinical Laboratories**  
3290 Grant St.  
Gary 46409

**Diagnostic Laboratory, Inc.**  
3275 Broadway  
Gary 46409

#### **LAPORTE COUNTY**

**Northern Indiana Medical Laboratory Services, Inc.**  
1701 Buffalo St., P.O. Box 341  
Michigan City 46360

#### **MADISON COUNTY**

**Anderson Medical Laboratories, Inc.**  
333 Jackson St.  
Anderson 46012

#### **MARION COUNTY**

**AccuSTAT Medical Laboratories, Inc.**  
3508 Rockville Rd., Rm. 116 B  
Indianapolis 46222

**Indianapolis Medical Laboratory, Inc.**  
8501 Zionsville Rd.  
Indianapolis 46268

**Irvington Medical Laboratory**  
6051 E. Washington St.  
Indianapolis 46219

**Madison Village Laboratory**  
7210 Madison Ave.  
Indianapolis 46227

**The Medical Laboratory of Drs. Thornton, Haymond, Costin,  
Buehl & Warner**  
301 E. 38th St.  
Indianapolis 46205

**Pathlabs, Inc.**  
5420 N. College Ave.  
Indianapolis 46220

**Professional Associates, Inc. d/b/a  
Memorial Clinic of Indianapolis**  
3266 N. Meridian St.  
Indianapolis 46208

#### **MARSHALL COUNTY**

**deGraffenried, Fisher & Sternberg Medical Consultation Service**  
225 W. Jefferson St.  
Plymouth 46563

#### **ST. JOSEPH COUNTY**

**Medical Arts Laboratory**  
303 S. Main St.  
Mishawaka 46544

**South Bend Medical Foundation, Inc.**  
531 N. Main St.  
South Bend 46601

**Jefferson Medical Arts Laboratory**  
919 East Jefferson Blvd.  
South Bend 46624

#### **TIPPECANOE COUNTY**

**Physicians Clinical Laboratory, Inc.**  
2500 Ferry St.  
Lafayette 47904

#### **VANDERBURGH COUNTY**

**BioClinical Laboratories**  
2353 Division St.  
Evansville 47714

**Porro Clinical Laboratory**  
3700 Bellemeade Ave., Suite 119  
Evansville 47715

**Mid-America Pathology Service**  
3700 Bellemeade Ave.  
P.O. Box 138  
Evansville 47715

**Pathology Laboratory Service**  
611 Harriett St., Suite 102  
Evansville 47710

# *Community Agencies for the Mentally Retarded and Other Developmentally Disabled\**

## **ADAMS-WELLS COUNTY**

Adams-Wells Association for Retarded Citizens, Inc.  
R.R. 3, Box 213A, Bluffton 46714

## **ALLEN COUNTY**

Allen County Association for the Retarded, Inc.  
2542 Thompson Ave., Fort Wayne 46807

Anthony Wayne Rehabilitation Center for Handicapped and  
Blind, Inc.

2826 S. Calhoun St., Fort Wayne 46807

## **BARTHOLOMEW COUNTY**

Developmental Services, Inc.  
P.O. Box 1023, 422 Washington, Columbus 47201

## **CASS COUNTY**

Cass County Council for The Mentally Retarded, Inc.  
1416 Woodlawn Ave., Logansport 46947

## **CLARK COUNTY**

Council for Retarded Children of Clark County, Indiana, Inc.  
P.O. Box 486, Jeffersonville 47130

Southeastern Indiana Rehabilitation Center  
1329 Applegate Lane, Clarksville 47130

## **DAVIESS COUNTY**

Daviess-Martin County Association for Handicapped Citizens,  
Inc.

1412 Memorial Ave., Washington 47501

## **DEARBORN COUNTY**

Community Mental Health-Mental Retardation Center, Inc.  
285 Bielby Road, Lawrenceburg 47025

## **DeKALB COUNTY**

Community Pre-School for Handicapped Children of DeKalb  
Co., Inc.

Box 166, Auburn 46706

## **DELAWARE COUNTY**

Delaware County Association for Retarded Citizens, Inc.  
114 E. Streeter Ave., P.O. Box 848, Muncie 47305  
2420 S. Mock—P.O. Box 848, Muncie 47305

## **ELKHART COUNTY**

Association for the Disabled of Elkhart County, Inc.  
P.O. Box 398, Bristol 46507

## **FAYETTE-UNION COUNTIES**

Fayette-Union Association for Retarded, Inc.  
420 West 24th St., Connersville 47331

## **FLOYD COUNTY**

Floyd County Council for the Retarded, Inc.  
Shrader and Abby-Dell Aves, New Albany 47150

## **FULTON COUNTY**

Fulton County Association for Retarded Children, Inc.  
East 18th St., Rochester 46975

## **GIBSON COUNTY**

Gibson County Association for Retarded Citizens, Inc.  
Prince and Pinkney, Box 505, Princeton 47670

## **GRANT COUNTY**

Grant-Blackford Mental Retardation, Inc.  
2715 S. Western Ave., Marion 46952

## **HARRISON COUNTY**

Harrison County Association for Retarded Children, Inc.  
Palmyra 47164

## **HENRY COUNTY**

Henry County Association for Retarded Citizens, Inc.  
1343 South 14th St., New Castle 47362

## **HOWARD COUNTY**

Howard County Association for Retarded Citizens, Inc.  
1220 East Laguna St., Kokomo 46901

## **HUNTINGTON COUNTY**

Huntington County Association for Retarded Citizens, Inc.  
P.O. Box 1001, Huntington 46750

## **JAY COUNTY**

Jay-Randolph Developmental Services, Inc.  
E. Water St., Portland 47371

## **JOHNSON COUNTY**

Johnson County Association for Retarded Citizens, Inc.  
214 S. State St., Franklin 46131

## **KNOX COUNTY**

Knox County Association for Retarded Citizens, Inc.  
525 North Fourth St., Vincennes 47591

## **KOSCIUSKO COUNTY**

Council for the Retarded of Kosciusko County, Inc.  
504 N. Bay Dr., Warsaw 46580

## **LAGRANGE COUNTY**

LaGrange County Association for Retarded Citizens, Inc.  
Box 192, LaGrange 46761

## **LAKE COUNTY**

Lake County Association for the Retarded, Inc.  
2650 W. 35th Ave., Gary 46408  
Trade Winds Rehabilitation Centers, Inc.  
5901 West 7th Ave., Gary 46406

## **LAPORTE COUNTY**

LaPorte County Sheltered Workshop, Inc.  
4315 E. Michigan Blvd., Michigan City 46360  
Parents' Council for Handicapped and Retarded Children of  
LaPorte County, Inc.  
3200 S. Cleveland Ave., Michigan City 46360

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\*Compiled by the Indiana Department on Mental Retardation, and Other Developmental Disabilities, 5 Indiana Square, Indianapolis 46204.

#### **MADISON COUNTY**

Madison County Association for Retarded Citizens, Inc.  
P.O. Box 31, Anderson 46015

#### **MARION COUNTY**

Marion County Association for Retarded Citizens, Inc.  
2400 N. Tibbs Ave., Indianapolis 46222  
Goodwill Industries of Central Indiana, Inc.  
1635 W. Michigan St., Indianapolis 46222  
Section of Metabolism and Genetics, Dept. of Pediatrics, I.U.  
School of Medicine  
1100 W. Michigan St., Indianapolis 46202

#### **MARSHALL-STARKE COUNTIES**

Marshall-Starke Development Center, Inc.  
1901 Pidco Drive, Plymouth 46563

#### **MONROE COUNTY**

Stonebelt Council for Retarded Children, Inc.  
2815 E. 10th, Bloomington 47401

#### **MONTGOMERY COUNTY**

Disabilities Services, Inc.  
Ben Hur Building, Crawfordsville 47933

#### **MORGAN COUNTY**

Morgan County Rehabilitation Services, Inc.  
190 W. Mitchell Ave., Martinsville 46151

#### **NOBLE COUNTY**

Noble County Association for Retarded Citizens, Inc.  
205 East Highland Street, Albion 46701

#### **ORANGE COUNTY**

Orange County Association for Retarded Citizens, Inc.  
P.O. Box 143, Paoli 47454

#### **PARKE COUNTY**

Child-Adult Retardation Services, Inc.  
P.O. Box 96, Rockville 47872

#### **PIKE COUNTY**

Pike County Association for Retarded Citizens  
c/o Knox County Association for Retarded Citizens, P.O.  
Box 334, Vincennes 47591

#### **PORTER COUNTY**

Porter County Association for Retarded Citizens, Inc.  
816 Union St., Valparaiso 46383

#### **PULASKI COUNTY**

Pulaski Association for Retarded Children, Inc.  
R.R. 2, Winamac 46996

#### **PUTNAM COUNTY**

Putnam County Learning Center, Inc.  
Box 504, Greencastle 46135

#### **RIPLEY COUNTY**

New Horizons Rehabilitation, Inc.  
P.O. Box 98, Batesville 47006

#### **ST. JOSEPH COUNTY**

Council for the Retarded of St. Joseph County, Inc.  
1235 N. Eddy St., South Bend 46624

#### **SULLIVAN COUNTY**

Sullivan County Association for Retarded Children, Inc.  
424 East Hartley Street, Sullivan 47882

#### **TIPPECANOE COUNTY**

Wabash Center for the Mentally Retarded, Inc.  
2000 Greenbush St., Lafayette 47904

#### **VANDERBURGH COUNTY**

Evansville Association for Retarded Citizens, Inc.  
615 W. Virginia St., Evansville 47710  
The Rehabilitation Center, Inc.  
3701 Bellemeade Ave., Evansville 47715  
Tri-State Epilepsy Association, Inc.  
421 North Main St., Evansville 47711

#### **VIGO COUNTY**

Katherine Hamilton Mental Health Center, Inc.  
620 8th Avenue, Terre Haute 47804

#### **WABASH COUNTY**

Wabash County Council for Mentally Retarded and Vocationally Handicapped, Inc.  
421 West Canal St., Wabash 46992

#### **WARRICK COUNTY**

Southern Indiana Retardation Services, Inc.  
Route 3, Folsomville Rd., Boonville 47601

#### **WAYNE COUNTY**

Wayne County Council for Retarded Citizens, Inc.  
800 Mendleson Dr., Richmond 47374

#### **WHITE COUNTY**

Comprehensive Developmental Centers, Inc.  
900 West Norway Road, Monticello 47960

#### **WHITLEY COUNTY**

Whitley County Association for the Retarded, Inc.  
445 South Line, Columbia City 46725

# Indiana Licensed Health Facilities

January 1978

This is a directory of health facilities licensed by the State of Indiana, State Board of Health.

Information concerning services offered, charges and admission policies of the facilities should be obtained through direct contact with the facility. Information concerning licensing of health facilities and copies of the directory (which includes data as to capacity and telephone number) are available from the Indiana State Board of Health, Division of Health Facilities, 1330 W. Michigan St., Indianapolis 46206.

## Identification Code

(R) — Residential Care Facility

(C) — Comprehensive Nursing Care Facility

(R&C) — Residential Care and Comprehensive Nursing Care Facility

(R&BHA) — Residential Care and Boarding Home for the Aged Facility

(BHA) — Boarding Home for the Aged Facility

(BHA&C) — Boarding Home for the Aged and Comprehensive Nursing Care Facility

Adm. — Person in direct charge of facility

## ADAMS COUNTY

**Decatur Community Care Center (C)**  
1145 Mercer Ave., Decatur 46733  
Jane C. Aspy, Adm.

**Swiss Village, Inc. (R&C)**  
P.O. Box 363, Berne 46711  
Wayne Smith, Adm.

## ALLEN COUNTY

**Byron Health Center (BHA&C)**  
12101 Lima Rd., R.R. 13,  
Fort Wayne 46808  
Thomas A. Katsanis, Adm.

**Colonial Crest Convalescent Center (C)**  
2940 N. Clinton St., Fort Wayne 46805  
Martin Hipschman, Adm.

**Crow's Haven Nursing Home (C)**  
2440 Bowser Ave., Fort Wayne 46803  
Lyle B. and Jeanne E. Crow, Adms.

**Fort Wayne Nursing Home (C)**  
2402 N. Beacon, Fort Wayne 46805  
Margaret Walls, R.N., Adm.

**Glenacres Nursing Home, Inc. (C)**  
3420 E. State St., Fort Wayne 46805  
Casto Ball, Adm.

**Golden Years Homestead (R&C)**  
8300 Maysville Road, Fort Wayne 46805  
Thomas G. Garman, Adm.

**Heritage Manor Nursing Home (C)**  
7519 Winchester Rd., Ft. Wayne 46819  
Norman L. Savage, Adm.

**Indian Village Health Center (C)**  
2237 Engle Road, Fort Wayne 46809  
Elizabeth Szedgedy, Ph.D., Adm.

**Lawton Nursing Home, Inc. (C)**  
1649 Spy Run Ave., Fort Wayne 46805  
Herman H. Aspacher, Adm.

**Lutheran Homes, Inc. (R&C)**  
6701 S. Anthony Blvd., Ft. Wayne 46806  
Fred Nieno, Adm.

**Parnell Park Nursing Home (C)**  
3811 Parnell Ave., Ft. Wayne 46805  
James J. Kelly, Adm.

**Saint Anne Home (C)**  
1900 Randalia Dr., Ft. Wayne 46805  
Vera M. Stauffer, Adm.

**Towne House Health Center (R&C)**  
5544 E. State Blvd., Fort Wayne 46805  
Albert W. Estes, Adm.

**Turtle Creek Convalescent Centre of Fort Wayne-North (C)**  
2001 Hobson Rd., Fort Wayne 46805  
Ruth E. Brockman, Adm.

**Turtle Creek Convalescent Centre of Fort Wayne South (C)**  
2626 Fairfield Ave., Fort Wayne 46807  
John August, Adm.

**University Park Nursing Center (C)**  
1400 Medical Park Dr.,  
Fort Wayne 46805  
Robert Shambaugh, Adm.

## BARTHOLOMEW COUNTY

**Bartholomew County Home (R)**  
2525 Illinois, Columbus 47201  
Mildred Drake, Adm.

**Columbus Convalescent Center (C)**  
2100 Midway St., Columbus 47201  
Elizabeth Kerns, Adm.

**Columbus Nursing Home (C)**  
5400 E. 25th Street, Columbus 47201  
Janet L. Johnson, Adm.

**The Four Seasons Home (R&C)**  
1901 Taylor Road, Columbus 47201  
John Schenck, Adm.

**Ken-Joy Convalescent Home (C)**  
133 Maple Street, Hope 47246  
Betty P. Beck, Adm.

**Lake View Care Center, Inc. (C)**  
R.R. 1, Hope 47246  
David Eisele, Adm.

## BENTON COUNTY

**Earl Park Nursing Home (C)**  
400 Chestnut, Earl Park 47942  
Evelyn Taylor, Adm.

**Edgewood View Nursing Center, Inc. (C)**  
State Road #55, Oxford 47971  
Doris J. Brazzell, R.N., Adm.

**Green-Hill Manor, Inc. (C)**  
501 N. Lincoln Ave., Fowler 47944  
Edith Dexter, R.N. and Connie  
Brouillette, R.N., Adms.

## BLACKFORD COUNTY

**Country Manor Nursing Home (C)**  
R.R. 2, Box 53A, Hartford City 47348  
Janellyn Antrim, R.N., Adm.

**Hartford City Community Care Center (C)**  
715 N. Mill St., Hartford City 47348  
Richard L. May, Adm.

## BOONE COUNTY

**English Nursing Home, Inc. (C)**  
1015 N. Lebanon St., Lebanon 46052  
Virginia English Amick, Adm.

**Golden Manor Health Care Center (C)**  
Route #2, Box 169, Lebanon 46052  
Opal I. Gephart, Adm.

**The Hoosier Village (R&C)**  
5300 W. 96th St., Indianapolis 46268  
Robert A. DeVoss, Adm.

**Lebanon Nursing Home (C)**  
301 W. Essex, Lebanon 46052  
Linda Chaille, L.P.N., Adm.

**Parkwood Health Care, Inc. (C)**  
1001 N. Grant St., Lebanon 46052  
Lowell Canary, Jr., Adm.

## CARROLL COUNTY

**Brethren's Home of Indiana, Inc. (C)**  
R.R. 2, Flora 46929  
Rosemary Eddy, Adm.

**Delphi Nursing Home (C)**  
1455 S. Washington St., Delphi 46923  
Helen McDonald, Adm.

## CASS COUNTY

**Camelot Care Center (C)**  
1555 Commerce St., Logansport 46947  
Dorothy Huston, Adm.

**Cass County Home (R)**  
Perrysburg Rd., Logansport 46947  
Mabel Frey, Adm.

**Chase Manor Nursing and Convalescent Center (R&C)**  
1 Chase Park, Logansport 46947  
Robert R. James, Adm.

**The Neal Home (BHA)**  
2518 George St., Logansport 46947  
Mary A. Curless, Adm.

## CLARK COUNTY

**Hillcrest Nursing Home, Inc. (C)**  
203 Sparks Ave., Jeffersonville 47130  
Grace Cook, Adm.

**Jeffersonville Nursing Home (C)**  
1720 E. Eighth St., Jeffersonville 47130  
Patricia Ragland, L.P.N., Adm.

**Kentuckiana Christian Home, Inc. (R&C)**  
Route 2, Box 39, Charlestown 47111  
Stanley Hunt, Adm.

**The Ladies Home (R)**  
330 W. Market St., Jeffersonville 47130  
Helen Haynes, Adm.

**Maple Manor Christian Home, Inc.—Adult Division (R&C)**  
643 W. Utica, Sellersburg 47172  
Joseph Blansett, Adm.

**Tendercare/Clarksville (C)**  
517 N. Hallmark Dr., Clarksville 47130  
Elliott Roth, R.N., Adm.

**Turtle Creek Convalescent Centre—Clarksville (C)**  
286 Eastern Blvd., Clarksville 47130  
Phoebe Hall, Adm.

**Twilight Nursing Home, Inc. (C)**  
418 W. Riverside Dr., Jeffersonville 47130  
Delilah J. Swaney, Adm.

## CLAY COUNTY

**Clay County Health Center, Inc. (C)**  
1408 E. Hendrix Street, Brazil 47834  
Wilma Ellison, Adm.

**Harty Nursing Home (C)**  
P.O. Box 112, Knightsville 47857  
William E. Harty, Adm.

**Macanell Nursing Home, Inc. (C)**  
R.R. 2, Box 139, Center Point 47840  
Hugh W. McCann, Adm.

## CLINTON COUNTY

**Clinton Convalescent Center, Inc. (C)**  
551 E. Walnut St., Frankfort 46041  
Laura L. Peterson, Adm.

**Frankfort Nursing Home (C)**  
1234 Rossville Ave., Frankfort 46041  
Carolyn Dulin, Adm.

**Milner Community Health-Care, Inc. (C)**  
Box 15, Rossville 46065  
Ronald C. Green, Adm.

**Mulberry Lutheran Home, Inc. (R&C)**  
State Road 38, W. Jackson St., Mulberry 46058  
Rev. Paul Mumford, Adm.

**Parkview Home (R)**  
R.R. 2, Frankfort 46041  
Dorothy M. Schriefer, L.P.N., Adm.

**Wesley Manor, Northwest Indiana Methodist Home, Inc. (R&C)**  
1555 N. Main St., Frankfort 46041  
Rev. Glenn Copeland, Adm.

## DAVIESS COUNTY

**Bertha D. Garten Ketcham Memorial Center, Inc. (C)**  
601 E. Race Street, Odon 47562  
Homer E. Robertson, Adm.

**Eastgate Manor Nursing and Residential Center, Inc. (C)**  
P.O. Box 470, Highway 50 East, Washington 47501  
Larry N. Morris, Adm.

**Hillside Manor (C)**  
1109 E. National Hwy., 50 E., Washington 47501  
Donald G. Waggoner, Adm.

**Prairie Village, Inc. (C)**  
1401 Highway 57, South, Washington 47501  
Georgia Atwood, Adm.

**Washington Nursing Center, Inc. (C)**  
603 E. National Highway, Washington 47501  
Jerome Walker, Adm.

**Washington Nursing Center Annex (C)**  
209 W. Oak St., Washington 47501  
Jerome Walker, Adm.

## DEARBORN COUNTY

**Dillsboro Manor (R&C)**  
Box 66, Dillsboro 47018  
Dellas and Dortha Ross, Adms.

**Shady Nook Convalescent Home (C)**  
607 Wilson Creek Rd., Lawrenceburg 47025  
Wilbur & Margaret McMullen, Adms.

**Terrace View ECF (C)**  
403 Bielby Rd., Lawrenceburg 47025  
Joseph Henderson, Adm.

## DECATUR COUNTY

**Greensburg Nursing Home (C)**  
1420 Lincoln St., Greensburg 47240  
Carol Sue Settles, Adm.

**Hospitality Nursing Center, Inc. (C)**  
410 Park Road, Greensburg 47240  
Willard Rowland, L.P.N., Adm.

**Odd Fellows Home (R&C)**  
R.R. 8, Greensburg 47240  
Thomas A. Baldus, Adm.

## DEKALB COUNTY

**Betz Residential Home (R)**  
R.R. 3, Auburn 46706  
Doris M. Betz, L.P.N., Adm.

**Betz Nursing Home Inc. (C)**  
R.R. 3, Auburn 46706  
Doris M. Betz, L.P.N., Adm.

**Butler Hotel Rest Home, Inc. (C)**  
117 S. Broadway St., Butler 46721  
M. Wendy Partin, Adm.

**Glen Oaks Nursing Home (C)**  
E. Seventh St., St. Rd. 8, Auburn 46706  
Thomas Muzzillo, Adm.

**Meadowhaven, Inc. (C)**  
300 West Liberty, Butler 46721  
Dallas Winn, Adm.

**Souder Health Care (C)**  
206 W. 7th St., Auburn 46706  
Ruth Muzzillo, Adm.

## DELAWARE COUNTY

**Albany Nursing Care, Inc. (C)**  
State Rd. 67 North, 910 W. Walnut, Albany 47320  
Nicholas LeFevre, Adm.

**Chateau Convalescent Centre (C)**  
2400 Chateau Drive, Muncie 47303  
Robert Dorsett, Adm.

**Delaware County Health Center (R&C)**  
R.R. 5, Muncie 47302  
Helen V. Stewart, Adm.

**Friendly Hearth Nursing Center of Muncie, Inc. (C)**  
633 N. Gavin St., Muncie 47302  
Anna Slusher, Adm.

**Golden Rule Nursing Home (C)**  
502 N. Madison St., Gaston 47342  
Charles Bellus, Adm.

**Parkview Nursing Home (C)**  
2200 White River Blvd., Muncie 47303  
Eileen E. Page, R.N., Adm.

**Riverview Convalescent Home (C)**  
R.R. 2, Box 89, Muncie 47302  
Jessie Starks, L.P.N., Adm.

**Sylvester Home for the Aged (C)**  
R.R. 2, Burlington Dr., Muncie 47302  
Mantha J. Sylvester, Adm.

**Westminster Village Muncie (BHA&C)**  
5601 Bethel Pike, Muncie 47302  
Charles R. Kendrick, Adm.

**Woodland Nursing Home (C)**  
3600 W. Jackson St., Muncie 47304  
Hazel Wilson, R.N., Adm.

#### **DUBOIS COUNTY**

**Jasper Nursing Center, Inc. (C)**  
2909 Howard Dr., Jasper 47546  
John L. Wehrle, Adm.

**Medco Center of Huntingburg (C)**  
530 Fourth St., Huntingburg 47542  
Joan Massengill, Adm.

**Northwood Good Samaritan Center (C)**  
P.O. Box 459, Jasper 47546  
Richard E. Faught, Adm.

**Providence Home (R)**  
520 W. Ninth Street, Jasper 47546  
Father Thaddeus Stuczko, F.D.P., Adm.

#### **ELKHART COUNTY**

**Americana Healthcare Center of Elkhart (C)**  
343 S. Nappanee St., Elkhart 46514  
John B. Seaver, Adm.

**Fountainview Place (R&C)**  
1001 W. Hively Ave., Elkhart 46514  
W. Robert Elliott, Adm.

**Fountainview Place of Goshen (R&C)**  
2400 College Ave., Goshen 46526  
James L. Fischer, Adm.

**Goshen Nursing Home (C)**  
1101 W. Lincoln Ave., Goshen 46526  
Betty Montgomery, Adm.

**Greencroft Nursing Center (C)**  
2000 South 15th St., Goshen 46526  
John Liechty, Adm.

**Hubbard Hill Estates, Inc. (R&C)**  
28070 County Road 24, Elkhart 46514  
Floran Mast, Adm.

**Lu-Ann Nursing Home (C)**  
952 W. Walnut St., Nappanee 46550  
John L. Mellinger, Adm.

**Medco Center of Elkhart (C)**  
2600 Morehouse Ave., Elkhart 46514  
Paul Ward, Adm.

**Turtle Creek Convalescent Centre of Elkhart (C)**  
1400 W. Franklin St., Elkhart 46514  
James Jester, Adm.

#### **FAYETTE COUNTY**

**Connersville Care Center (C)**  
2500 Iowa St., Connersville 47331  
Roberta K. Caldwell, Adm.

**Connersville Nursing Home (C)**  
2600 N. Grand Ave., Connersville 47331  
Fred Stubbs, Adm.

**Lincoln Manor Nursing Center (C)**  
1029 E. Fifth St., Connersville 47331  
Chester O'Neal, Jr., Adm.

#### **FLOYD COUNTY**

**Green Valley Convalescent Center (C)**  
3118 Green Valley Rd., New Albany 47150  
Peter Graves, Adm.

**Lincoln Hills of New Albany (C)**  
326 Country Club Dr., New Albany 47150  
Paul A. Ferry, Jr., Adm.

**New Albany Nursing Home (C)**  
1919 Bono Road, New Albany 47150  
Nell Johnson, Adm.

**Providence Retirement Home (R&C)**  
703 E. Spring St., New Albany 47150  
Sister Mary Loyola Bender, S.P., Adm.

#### **FOUNTAIN COUNTY**

**Covington Manor, Inc. (C)**  
1600 Liberty St., E., Covington 47932  
J. D. Piech, Adm.

**Woodland Manor Nursing Center (C)**  
P.O. Box 166, Attica 47918  
Linda L. Short, Adm.

#### **FRANKLIN COUNTY**

**Elsie Dreyer Nursing Home (R&C)**  
273 Main St., Brookville 47012  
Melvin Brunner, Adm.

#### **FULTON COUNTY**

**Canterbury Manor (C)**  
R.R. 6, County Road 50  
North, Rochester 46975  
Carl William Miller II, Adm.

**Rochester Nursing Home (C)**  
240 E. 18th St., Rochester 46975  
Joan Swanson, Adm.

#### **GIBSON COUNTY**

**Forest Del Convalescent Home Inc. (C)**  
1020 W. Vine St., Princeton 47570  
Kenneth Maikranz, Adm.

**Good Samaritan Home Inc. (C)**  
210 N. Gibson St., Oakland City 47560  
Hovey Hedges & Donald Bogan, Adms.

**Holiday Manor, Inc. (C)**  
305 Carol Ave., Princeton 47570  
Larry D. Carlson, Adm.

**Oakland City Rest Home (C)**  
114 Grove St., Oakland City 47560  
Lloyd Higgins, Adm.

**Owensville Convalescent Center (C)**  
Highway 165, P.O. Box 368  
Owensville 47565  
Harold J. Baker and Ruth A. Braselton, Adms.

#### **GRANT COUNTY**

**Bradner Village Residential Care Facility, Inc. (BHA, R&C)**  
505 Bradner Ave., Marion 46952  
James J. Walts, Adm.

**Emily E. Flinn Home, Inc. (R&C)**  
615 W. 12th St., Marion 46952  
Richard Lovelace, Adm.

**Golden Age Nursing Home (C)**  
1800 Kem Rd., Marion 46952  
Rebecca McPherson, Adm.

**River-View Manor Nursng Home (C)**  
221 N. Washington, Marion 46952  
Sharon Myers, Adm.

**Twin City Nursing Home (C)**  
627 East-North "H" St., Gas City 46933  
Margaret Knox, Adm.

**University Nursing Center (C)**  
University Avenue, Upland 46989  
Margaret J. Crick, Adm.

**Wesleyan Nursing Home (C)**  
518 W. 36th St., Marion 46952  
E. Barton Carter, Adm.

#### **GREENE COUNTY**

**Bloomfield Nursing Center (C)**  
150 N. Seminary St., Bloomfield 47424  
Norman Nierste, Adm.

**Glenburn Rest Haven Home, Inc. (C)**  
Glenburn Rd., R.R. 2, Linton 47441  
William Thomas Fisher, Adm.

**Linton Nursing Home (C)**  
1501 East A Street, Linton 47441  
Milford Stone, Adm.

**Shakamak Good Samaritan Center (C)**  
800 E. Ohio, Box 163, Jasonville 47438  
Dennis Gibbs, Adm.

#### **HAMILTON COUNTY**

**Arcadia Children's Home (C)**  
303 Franklin Ave., Arcadia 46030  
Leonard A. Hall, Adm.

**Cardinal Care Centers of Westfield, Inc.**  
(C)  
R.R. 2, Box 700, Westfield 46074  
Robert Oldham, Adm.

**Carmel Care Center (C)**  
118 Medical Drive, Carmel 46032  
Stephen L. Spaugh, Adm.

**Hamilton Heights Health Center (C)**  
706 W. Main St., Arcadia 46030  
Lester M. Roland, Adm.

**Lakeview Nursing Facility (C)**  
2907 E. 136th St., Carmel 46032  
Paul D. Walters, Adm.

**Noblesville Nursing Home (C)**  
1391 Greenfield Pike, Noblesville 46060  
Kim King, Adm.

**Rollins Home for Retarded Children (C)**  
69 N. Harrison St., Cicero 46034  
Jane G. Fenn, Adm.

**Sheridan Health Care Center, Inc. (C)**  
903 Sheridan Ave., Sheridan 46069  
Jeanne Roeder, Adm.

**Turtle Creek Convalescent Centre-  
Noblesville (C)**  
295 Westfield Rd., Noblesville 46060  
Steven J. Minniear, Adm.

**Watson Nursing Home for Children (C)**  
Route #1, Cicero 46034  
Vivian Beam, Adm.

#### **HANCOCK COUNTY**

**Colonial Crest Convalescent Center, Inc.**  
(C)  
745 N. Swope St., Greenfield 46140  
William S.A. Schofield, Adm.

**Community Care Center of Greenfield**  
R.R. 8, Box 483A, Greenfield 46140  
June Melton, Adm.

**Crescent Manor Nursing Home (C)**  
1310 E. Main St., Greenfield 46140  
Gwendolyn Suttle, R.N., Adm.

**Golden Rule Rest Home (C)**  
R.R. 12, Box 403, Indianapolis 46236  
Bernard H. Beck, Adm.

**Sugar Creek Convalescent Center, Inc.**  
R.R. 7, Box 70, Greenfield 46140  
Kenneth R. Smith, Adm.

#### **HARRISON COUNTY**

**Corydon Nursing Home (C)**  
Route 6, Box 147, Corydon 47112  
David M. Ragland, Adm.

#### **HENDRICKS COUNTY**

**Danville Nursing Home (C)**  
337 W. Lincoln St., Danville 46122  
Barbara Hamilton, R.N., Adm.

**Golden Manor Health Care Center (C)**  
Hornaday Rd., Brownsburg 46112  
James R. Gephart, Adm.

**Golden Rule Nursing Home (C)**  
St. Rd. #36 and 400 East  
Danville 46122  
Robert Petree, Adm.

**Hendricks County Home (R)**  
865 E. Main, Danville 46122  
Edna O. Anderson, Adm.

**Tendercare/Danville (C)**  
255 Meadow Drive, Danville 46122  
Diane Cosby, Adm.

**Vinewood Nursing Home, Inc. (C)**  
404 North Vine St., Plainfield 46168  
Robyn Sams, Adm.

#### **HENRY COUNTY**

**Heritage House, Inc., of New Castle,  
Indiana (C)**  
P.O. Box 546, New Castle 47362  
S. J. Williams, Adm.

**Holly Hill Nursing Home (C)**  
901 N. 16th St., New Castle 47362  
Giles Krupp, Adm.

**Lewisville Hotel for Senior Citizens (R)**  
Box 98, U. S. 40, Lewisville 47352  
Sarah E. Vollmer, Adm.

**Maple Village Nursing Home, Inc. (C)**  
Box 135, Middletown 47356  
F. Richard King, Adm.

**Middletown Nursing Center (C)**  
130 S. 10th St., Middletown 47356  
Larry A. Jones, Adm.

**New Castle Community Care Center (C)**  
115 N. 10th Street, New Castle 47362  
Roger J. Scheidler, Adm.

**New Hope Nursing Home (C)**  
Lewisville 47352  
Robert Baird, Adm.

**Turtle Creek Convalescent Centre of  
New Castle (C)**  
990 North 16th St., New Castle 47362  
Timothy J. DeBruicker, Adm.

#### **HOWARD COUNTY**

**Americana HealthCare Center of  
Kokomo (C)**  
3518 S. Lafountain St., Kokomo 46901  
Dorothy Fordyce, Adm.

**Kokomo Nursing Home (C)**  
1560 S. Plate St., Kokomo 46901  
Linda Crowe, L.P.N., Adm.

**Sycamore Village Health Center (C)**  
2905 W. Sycamore, Kokomo 46901  
John Singleton, Adm.

**Turtle Creek Convalescent Centre of  
Kokomo (C)**  
2233 W. Jefferson, Kokomo 46901  
M. Carolyn Siem, Adm.

**Windsor Estates of Kokomo (C)**  
429 Lincoln Rd. W., Kokomo 46901  
Robert Lutz, Adm.

#### **HUNTINGTON COUNTY**

**Huntington Nursing Home (C)**  
1425 Grant St., Huntington 46750  
Virginia Griggs, R.N., Adm.

**Miller's Merry Manor, Inc. (C)**  
1500 Grant St., Huntington 46750  
James L. Powell, Adm.

**Norwood Nursing Center (C)**  
R.R. 8, Maple Grove Rd., Huntington  
46750  
Joyce Alexander, Adm.

**United Methodist Memorial Home (R&C)**  
Warren 46792  
Philip Souder, Adm.

#### **JACKSON COUNTY**

**Hoosier Christian Village (R&C)**  
621 S. Sugar, Brownstown 47220  
William Way, Adm.

**Jackson Park Convalescent Center, Inc.  
(C)**  
707 Jackson Park Dr., Seymour 47274  
Richard C. Schriever, Adm.

**Lutheran Community Home, Inc. (R&C)**  
111 W. Church Ave., Seymour 47274  
Paul H. Pardieck, Adm.

**R & S Nursing Center, Inc. (C)**  
202 W. Sixth St., Seymour 47274  
Roger A. Russell, Adm.

#### **JASPER COUNTY**

**Rensselaer Care Center (C)**  
Highway 114 East, Rensselaer 47978  
Larry Lee Vanderwielen, Adm.

#### **JAY COUNTY**

**Country Manor Nursing Home, Inc. (C)**  
Route 2, Dunkirk 47336  
Richard T. Antrim, Adm.

**Portland Community Care Center (C)**  
200 N. Park St., Portland 47371  
Dixie May, Adm.

**Portland Nursing Home (C)**  
406 W. Arch St., Portland 47371  
Mary Ellen Hearn, Adm.

#### **JEFFERSON COUNTY**

**Clifty Falls Convalescent Center (C)**  
950 Cross Ave., Madison 47250  
Ailene Breitenbach, Adm.

**Hanover Nursing Center (C)**  
S. R. 56 W., Hanover 47243  
Ann Breitenbach, R.N., Adm.

**Madison Nursing Home (C)**  
1945 Cragmont St., Madison 47250  
William Morgan, Adm.

**Mayfield Nursing Home (C)**  
702-710 Elm St., Madison 47250  
George A. Mayfield, Asst. Adm.

## **JENNINGS COUNTY**

**North Vernon Nursing Home (C)**  
801 N. Elm Street, North Vernon 47265  
Ms. Cecil Shurbutt, L.P.N., Adm.

## **JOHNSON COUNTY**

**Faith Home (C)**  
P.O. Box 218, Edinburg 46124  
Raymond C. Brown, Adm.

**Franklin Healthcare Centre, Inc.**  
Route 1, Franklin 46131  
James R. Haas, Adm.

**Franklin Nursing Home (C)**  
1130 N. Main St., Franklin 46131  
Mary L. Johnson, Adm.

**Franklin United Methodist Home (R&C)**  
1070 W. Jefferson, Franklin 46131  
Norman E. Amtower, Adm.

**Homeview Convalescent Center (C)**  
651 S. State St., Franklin 46131  
Donna Moore, Adm.

**Indiana Masonic Home (R)**  
Old State Road 31, Franklin 46131  
Marvin Isley, Adm.

**The Welcome Nursing Home (C)**  
1109 N. Main St., Franklin 46131  
Mary Lou Ingle, Adm.

**Westminster Village (R&C)**  
U.S. 31 South, Greenwood 46142  
Edwin C. Gordon, Adm.

## **KNOX COUNTY**

**Beverly Manor Convalescent Center (C)**  
1321 Willow St., Vincennes 47591  
Roberta Kay Cresgy, Adm.

**Crestview Convalescent Home (C)**  
Box 136, Old Bruceville Rd., Vincennes 47591  
Joy M. Thornberry, R.N., Adm.

**Freelandville Community Home, Inc. (C)**  
Highway #58, Freelandville 47535  
Mary Jane Buescher, Adm.

**Moore's Nursing Home, Inc. (C)**  
204 W. Third St., Bicknell 47512  
Ernest P. and Barbara J. Moore, Adms.

**Vincennes Nursing Home, Inc. (C)**  
1202 S. 16th St., P.O. Box 903, Vincennes 47591  
Joe Junod Jr., Adm.

## **KOSCIUSKO COUNTY**

**Mason Health Care Facility (C)**  
2501 E. Center St., Warsaw 46580  
Frank N. Wilson, Adm.

**Miller's Merry Manor, Inc. (R&C)**  
P.O. Box 387, County Farm Rd., Warsaw 46580  
R. James Miller, Adm.

**Prairie View Rest Home, Inc. (C)**  
300 Prairie St., Warsaw 46580  
N. Charlene Bradbury, Adm.

**Warsaw Nursing Home (C)**  
2402 E. Center St., Warsaw 46580  
Alice V. Rees, Adm.

## **LAGRANGE COUNTY**

**LaGrange Nursing Home (C)**  
Town Line Rd. & North St., LaGrange 46761  
Dennis Girardot, Adm.

**Miller's Merry Manor, Inc. (C)**  
State Road 9 North, LaGrange 46761  
Phyllis Ann Miller, Adm.

## **LAKE COUNTY**

**Colonial Nursing Home, Inc. (C)**  
119 N. Indiana Ave., Crown Point 46307  
Barbara A. Slosson and Laura M. Gumbiner, Adms.

**East Chicago Rehabilitation and Convalescent Center, Inc. (C)**  
5025 McCook Ave., East Chicago 46312  
Forest C. Beavers, Jr., Adm.

**Fountain View Manor (C)**  
2901 W. 37th Ave., Hobart 46342  
Carl Raskin, Adm.

**Fuchs' Nursing Home, Inc. (C)**  
255 Burnham St., Lowell 46356  
Barbara H. and Phyllis Fuchs, Adms.

**Gary Convalescent Home, Inc. (C)**  
386 Mount St., Gary 46406  
Joseph Fertel, Adm.

**Green's Geriatric Health Center, Inc. (C)**  
2052 Delaware St., Gary 46407  
Benjamin J. Green, Adm.

**Hammond Nursing Home (C)**  
1402 E. 173rd St., Hammond 46320  
Robert Graves, Adm.

**Hammond-Whiting Convalescent Center (C)**  
1000—114th St., Whiting 46394  
Cheryl E. Diamond, Adm.

**Highland Nursing Home (C)**  
9630 Fifth St., Highland 46322  
Bonnie Mae Ziller, Adm.

**Lake County Convalescent Home (C)**  
2900 W. 93rd Ave., Crown Point 46307  
Dorothy Gaski, Adm.

**Miller Nursing Home, Inc. (C)**  
2301 Adams St., Gary 46407  
Ida Miller Walker, Adm.

**Mills Rest Home (C)**  
5011 Maryland St., Gary 46409  
David L. Mills, Adm.

**Munster Med-Inn (C)**  
7935 Calumet Ave., Munster 46321  
Jean Robinson, Adm.

**Ross Care Center (C)**  
601 W. 61st Ave., Merrillville 46410  
Richard N. Shapiro, Adm.

**St. Ann's Home (R)**  
5927 Columbia Ave., Hammond 46320  
Arthur W. March, Adm.

**St. Anthony Rest Home (R&C)**  
201 Franciscan Rd., Crown Point 46307  
Lawrence T. Filosa, Adm.

**Sebo Heritage Manor Nursing Home (C)**  
4410 W. 49th Ave., Hobart 46342  
Wanda Sebo, Adm.

**Simmons Loving Care Health Facility (C)**  
700 E. 21st Ave., Gary 46407  
Anna L. Simmons and Herberta B. Miller Adms.

**West Side Nursing Home (C)**  
353 Tyler St., Gary 46402  
Gerald Rothenberg, Adm.

**Wildwood Manor, Inc. (C)**  
1964 Clark Rd., Gary 46404  
Thomas J. Crump, Jr., Adm.

## **LAPORTE COUNTY**

**Beach Cliff Lodge Nursing Home (C)**  
1001 Lake Shore Dr., Michigan City 46360  
Janice Butcher, R.N., Adm.

**The Countryside Place (C)**  
1700 "I" St., LaPorte 46350  
Martin J. Smith, Adm.

**Fountainview Terrace (R&C)**  
1900 Andrew Ave., LaPorte 46350  
James Lowell Drews, Adm.

**Lakeside Health Center Inc. (C)**  
802 Highway 20, East, Michigan City 46360  
Donald G. Cowen, Adm.

**Red Oaks Home (C)**  
910 S. Carroll Ave., Michigan City 46360  
Maryann Oszusick, R.N., Adm.

**Widow Private Home Care (R)**  
602 Spring St., Michigan City 46360  
Wilbur Widow, Adm.

**Woodview Rehabilitation Center (C)**  
1101 E. Coolspring Ave. Michigan City 46360  
Frank Estes, Adm.

## **LAWRENCE COUNTY**

**Bedford Nursing Home (C)**  
514 E. 16th St., Bedford 47421  
Nellie M. Camp, Adm.

**Hospitality House (C)**  
2122 Norton Lane, Bedford 47421  
Maribelle S. Dyer, Adm.

**Mitchell Manor (C)**  
Hwy. 37 & 60, Mitchell 47446  
Mary Williams, Adm.

**NHE/Bedford (C)**  
1510 Clinic Drive, Bedford 47421  
Marilyn Johnson, Adm.

## MADISON COUNTY

### **Americana Nursing Center of Anderson (C)**

1345 N. Madison Ave., Anderson 46011  
A. Wayne Johnson, Adm.

### **Bradford Nursing Home (R&C)**

625 W. Adams St. Alexandria 46001  
Mary Ellen Bell, Adm.

### **Convalescent Centre of Anderson, Inc. (C)**

1809 N. Madison Ave., Anderson 46012  
M. Kent Stephens, Adm.

### **Dickey Nursing Home, Inc. (C)**

1007 N. 9th, Elwood 46036  
Dianne Blackford, Adm.

### **The Goble Home (R&C)**

332 W. 11th St., Anderson 46016  
Dillard Marcum, Adm.

### **New Haven Nursing Home (C)**

1023 E. Eighth St., Anderson 46012  
Josephine Wade, L.P.N., Adm.

### **Parkview Convalescent Centre (C)**

North 19th St., Elwood 46036  
Rev. Max Bingham, Adm.

### **Rolling Hills Convalescent Center, Inc. (C)**

1821 Lindberg Rd., Anderson 46012  
Jeff A. Cooper, Adm.

### **Summit Convalescent Center, Inc. (C)**

R. R. 1, Summitville 46070  
Richard Goodman, Adm.

## MARION COUNTY

### **Ada's Golden Age, Inc. (C)**

2115 Central Ave., Indianapolis 46202  
Keith F. Seal, Adm.

### **The Alpha Home (C)**

1910 N. Senate Ave., Indianapolis 46202  
Shirley Butler, Adm.

### **The Altenheim Community United**

**Church Homes, Inc. (BHA, C)**  
3525 E. Hanna, Indianapolis 46227  
Robert Frey, Adm.

### **Americana Health Care Center of Indianapolis—Midtown (C)**

2010 N. Capitol Ave., Indianapolis 46202  
Elwin E. Caldwell, Adm.

### **Americana Nursing Center of Indianapolis—East (C)**

5600 E. 16th St., Indianapolis 46218  
Fred Moon, Adm.

### **Americana Healthcare Center of Indianapolis—North (R&C)**

8350 Naab Road, Indianapolis 46260  
Gerald W. McGowan, Adm.

### **Anthony Hall Nursing Home, Inc. (C)**

2135 N. Alabama St., Indianapolis 46202  
Larry Gray, Adm.

### **The Barton House (C)**

505 N. Delaware, Indianapolis 46204  
Audrey Bonner, Adm.

### **Bel-Terrace Nursing Home, Inc. (C)**

1629-33 N. College Ave., Indianapolis 46202  
Thelma Wray, L.P.N., Adm.

### **Booker Watts Nursing Home (C)**

2523 Central, Indianapolis 46205  
Herbert Watts, Adm.

### **Broad Ripple Nursing Home (C)**

6127 N. College Ave.  
Indianapolis 46220  
Josephine Lauth, Adm.

### **Chateau de Repos, Inc. (C)**

5055 W. 52nd St., Indianapolis 46254  
Doris E. Stuart, L.P.N., Adm.

### **Colonial Crest Convalescent Center, 86th St. (C)**

2002 W. 86th St., Indianapolis 46260  
Vicki L. Curry, Adm.

### **Colonial Crest Convalescent Center—North (C)**

8181 Harcourt Road, Indianapolis 46260  
Stephen Harris, Adm.

### **Colonial Crest Convalescent Center South (C)**

2860 Churchman Ave.  
Indianapolis 46203  
Margaret Hawkins, Adm.

### **Colonial Crest Nursing Center, Inc. (C)**

7145 E. 21st St., Indianapolis 46219  
Arthur J. Mirkin, Adm.

### **Community Children's Nursing Home (C)**

6855 E. 10th St., Indianapolis 46219  
Joseph Baldus, Adm.

### **Continental Convalescent Center (C)**

344 S. Ritter, Indianapolis 46219  
Mary F. Miller, Adm.

### **Courtney's Rest Home (BHA)**

3302-3312 Washington Blvd.  
Indianapolis 46205  
Darrell S. Ingle, Adm.

### **Crestview Manor Nursing Home (C)**

1118 East 46th St., Indianapolis 46205  
Margaret Cronin, Adm.

### **Dailey's Convalescent Home, Inc. (C)**

2926 N. Capitol Ave., Indianapolis 46208  
Anderson T. Dailey, Adm.

### **Delaware Nursing Home (C)**

1910 N. Delaware, Indianapolis 46202  
Veda Y. Powell, Adm.

### **Del Mar Nursing Home, Inc. (C)**

709 S. Lynhurst Dr., Indianapolis 46241  
Helen J. Harbison, Adm.

### **Emerson Nursing Home (C)**

3420 N. Emerson Ave., Indianapolis 46218  
Jack Morris, Adm.

### **Evangelistic Center, Inc. (R&C)**

3518 Shelby St., Indianapolis 46227  
Roger T. Qualls, Adm.

### **Fairfield Nursing Home (C)**

3630 Central, Indianapolis 46205  
Mary L. Fitzsimmons, Adm.

### **Fountainview Place of Indianapolis (R&C)**

5353 E. Raymond, Indianapolis 46203  
Patricia Brandt, Adm.

### **Frame House, Inc. (C)**

1316 N. Tibbs Ave., Indianapolis 46222  
James McCarroll, Adm.

### **Frame Nursing Home, Inc. (C)**

373 N. Holmes Ave., Indianapolis 46222  
Alice McCarroll, Adm.

### **Garfield Park Nursing Home (C)**

2630 S. Keystone, Indianapolis 46203  
Shirley M. Harris, Adm.

### **Greenview Manor, Inc. (C)**

1700 N. Illinois St., Indianapolis 46202  
Richard Lewis, Adm.

### **Hillside Nursing Home (C)**

3405 N. Ralston, Indianapolis 46218  
Leonard Scott, D.D.S., & Bernice Scott, Adms.

### **Hooverwood (C)**

7001 Hoover Rd., Indianapolis 46260  
Lazer D. Brener, Adm.

### **Independent Living Club (BHA)**

6038 W. 25th St., Indianapolis 46224  
Robert Roland, Adm.

### **Indianapolis Retirement Home (R&C)**

1731 N. Capitol Ave., Indianapolis 46202  
Betty Sell, R.N., Adm.

### **Lakeview Manor, Inc. (C)**

45 Beachway Dr., Indianapolis 46224  
Thomas F. Tyson, Jr., Adm.

### **Lawrence Manor Nursing Home (C)**

8935 E. 46th St., Indianapolis 46226  
Mark Feeser, Adm.

### **Lynhurst Nursing Home, Inc. (R&C)**

5225 W. Morris St., Indianapolis 46241  
James E. Hill, Sr., Adm.

### **Mapleton Nursing Home (C)**

3650 Central Ave., Indianapolis 46205  
Helen Harris, Adm.

### **Marion County Home (R&C)**

11850 Brookville Rd., Indianapolis 46239  
Henry H. Bahner, Adm.

### **Mayfair Home (R)**

3240 Washington Blvd.,  
Indianapolis 46205  
Joseph Ewbank, Adm.

### **Meridian Nursing Home (C)**

2102 S. Meridian Street, Indianapolis 46225  
Neville Humphrey, Adm.

**Mount Zion Geriatric Center (C)**  
3549 Boulevard Pl., Indianapolis 46208  
James McKenzie, Adm.

**Northwest Manor Nursing Home (C)**  
6440 West 34th St., Indianapolis 46224  
Jennifer A. Knoll, R.N., Adm.

**Parkview Manor Nursing Home (C)**  
2424 E. 46th St., Indianapolis 46205  
Albert Harris, Jr., Adm.

**Riley Nursing Home (C)**  
901 N. East St., Indianapolis 46202  
Doris Loudermilk, Adm.

**Rural Nursing Home (C)**  
1747 N. Rural, Indianapolis 46218  
Marilyn Conner, L.P.N., Adm.

**St. Augustine Home for the Aged (R&C)**  
2345 W. 86th St., Indianapolis 46260  
Sister Stephen Marie Cronin, Adm.

**St. Paul Baptist Church Home for the Aged (C)**  
1141-45 N. Sheffield Ave.,  
Indianapolis 46222  
Anna Dailey, Adm.

**St. Paul Hermitage (R&C)**  
501 N. 17th St., Beech Grove 46107  
Sister Mary Gilbert Schipp, O.S.B., Adm.

**Sarah's Nursing Home (C)**  
3208 N. Sherman Dr., Indianapolis  
46218  
Dorothy Morrison, Adm.

**Southeastern Nursing Home (C)**  
4743 Southeastern Ave.,  
Indianapolis 46203  
E. Lucille Smith, L.P.N., Adm.

**Stone Manor Convalescent Home (C)**  
8201 W. Washington St., Indianapolis  
46231  
Sue Carter, Adm.

**Three Sisters Nursing Home, Inc. (C)**  
6130 Michigan Rd., Indianapolis 46208  
Mamie Beamon, Adm.

**Turtle Creek Convalescent Centre—  
East, Inc. (C)**  
1302 N. Lesley Ave., Indianapolis 46219  
Norman Gulley, Adm.

**Turtle Creek Convalescent Centre, Cen-  
tral, Inc. (R&C)**  
55 West 33rd St., Indianapolis 46208  
Benton Harlan, Adm.

**Turtle Creek Convalescent Centre, Ritter  
(C)**  
1301 N. Ritter, Indianapolis 46219  
Toni Krentler, Adm.

**Turtle Creek Convalescent Centre North,  
Inc. (C)**  
2140 W. 86th St., Indianapolis 46260  
E. Randall Wright, Adm.

**Turtle Creek Convalescent Centre—  
South (C)**  
525 E. Thompson Rd., Indianapolis  
46227  
Rosemary Lain, Adm.

**Turtle Creek Convalescent Centre  
Southeast, Inc. (C)**  
2002 Albany Ave., Beech Grove 46107  
Paul C. Ade, Adm.

**Warren Park Nursing Home (C)**  
6855 E. 10th, Indianapolis 46219  
Lenvil Hall, Adm.

**Westminster Village North Health Center  
(C)**  
11050 Presbyterian Dr., Indianapolis  
46236  
David Peters, Adm.

**Westview Nursing Home (C)**  
5435 West 38th St., Indianapolis 46224  
John Jennings, Adm.

## **MARSHALL COUNTY**

**Kingston Nursing Home (C)**  
309 Kingston Drive, Plymouth 46563  
James Drews, R.N., Adm.

**Miller's Merry Manor, Inc. (C)**  
600 W. Oakhill Ave., Plymouth 46563  
Jane K. Miller, R.N., Adm.

**Pilgrim Manor Rehabilitation and  
Convalescent Center (C)**  
222 Parkview St., Plymouth 46563  
G. Dean Byers, Adm.

**R.N. Nursing Home (C)**  
R. R. 1, Walkerton 46574  
Laura M. Hathaway, R.N., Adm.

**Shady Rest Home (R)**  
R. R. 5, Plymouth 46563  
Kathryn Krueger, Adm.

**TLC Nursing Home, Inc. (C)**  
R. R. 3, Box 269, Bremen 46506  
Pauline Studt, Adm.

## **MARTIN COUNTY**

**Medco Center of Loogootee (C)**  
R. R. 4, Loogootee 47553  
James S. Camp, Adm.

## **MIAMI COUNTY**

**Miller's Merry Manor, Inc. (R&C)**  
317 Blair Pike, Peru 46970  
Alan Grossnickle, Adm.

**Peru Nursing Home (C)**  
390 West Blvd., Peru 46970  
Mitchell David Drook, Adm.

## **MONROE COUNTY**

**Bloomington Convalescent Center (C)**  
714 S. Rogers St., Bloomington 47401  
Mr. Carroll Moore, Adm.

**Bloomington Nursing Home (C)**  
120 E. Miller Dr., Bloomington 47401  
William Doub, Adm.

**Fontanbleu Nursing Center (C)**  
3305 South Highway 37, Bloomington  
47401  
J. L. Huffer, Adm.

**Hospitality House, Inc. (R&C)**  
1100 S. Curry Pike, Bloomington 47401  
Fred J. Ponton, Adm.

## **MONTGOMERY COUNTY**

**Ben Hur Home, Inc. (C)**  
1375 S. Grant, Crawfordsville 47933  
Esther Houston, Adm.

**Carmen Nursing Home (C)**  
817 N. Whitlock Ave., Crawfordsville  
47933  
Cline Harbison, Adm.

**Golden Manor Health Care Center (C)**  
1001 E. Main St., Ladoga 47954  
Danny Lee Gerald, Adm.

**Houland House Health Care Center, Inc.  
(R&C)**  
1371 S. Grant Ave., Crawfordsville  
47933  
Steven Dehne, Adm.

**Lane House, Inc. (C)**  
1000 Lane Ave., Crawfordsville 47933  
Richard A. Bowles, L.P.N., Adm.

## **MORGAN COUNTY**

**Cherry Nursing Home (C)**  
60 E. Harrison St., Martinsville 46151  
Donna Watkins, Adm.

**Countryside Manor, Inc. (C)**  
259 W. Harrision St., Mooresville 46158  
Carolyn Smitherman, Adm.

**GrandView Nursing Home (C)**  
2009 E. Columbus St., Martinsville  
46151  
Myrtle Rynard, Adm.

**Henderson Nursing Home, Inc. (C)**  
140 W. Washington St., Morgantown  
46160  
E. Marguerite Henderson, Adm.

**Kennedy Memorial Christian Home, Inc.  
(R&C)**  
210 W. Pike St., Martinsville 46151  
W. Dean Mason, Ed.D., Adm.

## **NEWTON COUNTY**

**Kentland Nursing Home (C)**  
720 E. Washington St., Kentland 47591  
Inajean Goodwin, Adm.

**Lake Holiday Manor Nursing Home (C)**  
10325 County Line Road, DeMotte  
46310  
Eric Borman, Adm.

## **NOBLE COUNTY**

**Kendallville Nursing Home (C)**  
1433 S. Main St., Kendallville 46755  
Byron Colglazier, Adm.

**Linville Boarding Home (BHA)**  
518 E. Diamond, Kendallville 46755  
Weltha Linville, Adm.

**Lutheran Homes, Inc. (R&C)**  
612 E. Mitchell, Kendallville 46755  
Paul Dobler, Adm.

**Sacred Heart Home (R&C)**  
R. R. 2, Avilla 46710  
Sister M. Theodora Wessell, Adm.

**Strawberry Village Health Care Center (C)**  
R.R. 1, Ligonier 46767  
Carole Dowden, Adm.

#### OHIO COUNTY

**Rising Sun Nursing Home (C)**  
Rio Vista Ave., Rising Sun 47040  
Robert Anderson, Adm.

#### ORANGE COUNTY

**Medco Annex of French Lick (C)**  
R.R. 2, French Lick 47432  
Jeffrey Padgett, Adm.

**Medco Center of French Lick (C)**  
Box 350, East College, French Lick 47432  
Dale C. Walters, Adm.

**Paoli Nursing Home (C)**  
111 W. Hospital View Rd., Paoli 47454  
William Howard, Adm.

#### OWEN COUNTY

**Donna Nursing Home #2 (C)**  
R. R. 2, Spencer 47460  
Norman S. Tirsway, Adm.

**Gosport Nursing Home, Inc. (C)**  
South Seventh St., Gosport 47433  
Leland S. Lynch, Adm.

**Owen County Home (R)**  
R.R. 3, Spencer 47460  
Ruthie Gray, Adm.

#### PARKE COUNTY

**Castle Shannon Nursing Home (C)**  
R.R. 3, Box 251, Rockville 47872  
Richard L. Harbison, Adm.

**Parke County Nursing Home (C)**  
R.R. 3, Box 259, Rockville 47872  
Margaret, Gerald and Dale Ball, Adms.

#### PERRY COUNTY

**Lincoln Hills Nursing Home, Inc. (C)**  
19th and Pestalozzi, Tell City 47586  
Roger Ambrose, Adm.

#### PIKE COUNTY

**Holiday Home (C)**  
Pike Ave., Petersburg 47567  
Kenneth I. Dunigan, Adm.

#### PORTER COUNTY

**Canterbury Place (C)**  
251 E. Drive, Valparaiso 46383  
Damaris Smith, Adm.

**Vale View Convalescent Center (C)**  
606 Wall St., Valparaiso 46383  
C. Jane Graves, Adm.

**Whispering Pines Home for Senior Citizens (C)**  
3301 N. Calumet Ave., Valparaiso 46383  
Jeanette Dolk, Adm.

**The Willows (C)**  
1000 Elizabeth, Valparaiso 46383  
Nettie DuSold, Adm.

#### POSEY COUNTY

**Allison Nursing Home Inc. (C)**  
Locust St., Poseyville 47633  
Phyllis D. Wagner, Adm.

**The Charles Ford Memorial Home (R)**  
920 S. Main St., New Harmony 47631  
James J. Winternheimer, Adm.

**Medco Center of Mt. Vernon, Indiana (C)**  
1415 Country Club Rd., Mount Vernon 47620  
Ralph Marker, Adm.

**Merimac Nursing Home (C)**  
P.O. Box 275, Cynthiana 47612  
Martha Scheller, Adm.

#### PULASKI COUNTY

**Winamac Nursing Home (C)**  
515 East 13th Street, Winamac 46996  
Benjamin Crandall, Adm.

#### PUTNAM COUNTY

**Asbury Towers (R&C)**  
102 W. Poplar St., Greencastle 46135  
Rev. Dr. Donald McMahan, Adm.

**Donna Nursing Home (C)**  
P.O. Box 247, Cloverdale 46120  
MaDonna Tirsway, Adm.

**Eventide Rest Home (C)**  
1306 S. Bloomington St., Greencastle 46135  
Lucy George, Adm.

**Greencastle Nursing Home (C)**  
815 E. Tacoma Dr., Greencastle 46135  
Marquerite Boerger, Adm.

**Sunset Manor Nursing Home, Inc. (C)**  
1109 S. Indiana St., Greencastle 46135  
Jack L. Cross, Adm.

#### RANDOLPH COUNTY

**Chrystal's Country Home, Inc. (C)**  
Randolph St., Parker 47368  
Robert E. Steele, Adm.

**Parrott's Home (R)**  
304 W. Sherman St., Lynn 47355  
Mary Maxine Parrott, Adm.

**Randolph Nursing Home, Inc. (C)**  
701 S. Oak St., Winchester 47394  
Everett Rickert, Adm.

#### RIPLEY COUNTY

**Dreyerhaus (C)**  
R.R. #3, State Rd. 46, Batesville 47006  
Elsie Dreyer, Adm.

**Health and Hospitality Center, Inc. (C)**  
Carr St., Milan 47031  
Jon W. Kohlmeier, Adm.

**Manderley Nursing Home (C)**  
546 Wilson St., Osgood 47037  
Charles F. Negangard, Adm.

**Silver Bell Nursing Home (C)**  
R.R. 2, Box 106, Versailles 47042  
Walter Bradley, Jr., Adm.

#### RUSH COUNTY

**Hillside Haven (C)**  
424 North Perkins St., Rushville 46173  
Mary Todd, R.N., Adm.

**Holiday House (R)**  
114 E. Fifth St., Rushville 46173  
Inez Austerman, Adm.

**Jackson Nursing Home (C)**  
612 E. 11th St., Rushville 46173  
Marjorie Pearsey, L.P.N., Adm.

#### ST. JOSEPH COUNTY

**Cardinal Manor (R)**  
118 S. William St. South Bend 46601  
Delores J. Polomskey, Adm.

**Cardinal Nursing Home, Inc. (C)**  
1121 E. LaSalle, South Bend 46601  
Thomas E. Squibb, Adm.

**Carlyle Nursing Home (C)**  
5024 N. Western Ave., South Bend 46625  
Frances Gargano, Adm.

**Dor-A-Lin, Inc. (C)**  
1024 N. Notre Dame Ave., South Bend 46617  
Edward L. Finkenbinder, Adm.

**Essex Nursing Home (C)**  
1106 South 20th St., South Bend 46615  
Hugo Erickson, Adm.

**Fountainview Place Corp. of Mishawaka (R&C)**  
609 W. Tanglewood Ln., Mishawaka 46544  
William Beilfuss, Adm.

**Golden Age Manor (C)**  
811 E. 12th St., Mishawaka 46544  
Rae Leonard, R.N., Adm.

**Hamilton Grove (R&C)**  
Chicago Trail, New Carlisle 46552  
Ilah Hebner, Adm.

**Healthwin Hospital (C)**  
20531 Darden Road, South Bend 46637  
Donald Henry, Adm.

**Melrose Manor (C)**  
601 S. Russell St., Mishawaka 46544  
Richard N. Shoup, Adm.

**Miller's Merry Manor, Inc. (C)**  
Walkerton Trail, Walkerton 46574  
John Tallmadge, Adm.

**Morningside Nursing Home (C)**  
18325 Bailey Ave., South Bend 46637  
Sufrona Ryan, Adm.

**Portage Manor (R&C)**  
53308 Portage Rd., South Bend 46628  
Joseph W. and Marguerite Snyder, Adms.

**Ridgedale Nursing Home (R&C)**  
1950 E. Ridgedale Rd., South Bend 46614  
Diane Kelly, Adm.

**River Park Nursing Home (C)**  
915 27th St., South Bend 46615  
Rosemary Mueller, Adm.

**The Robert P. & Clara I. Milton Home, Inc. (R&C)**  
206 E. Marion St., South Bend 46601  
Elizabeth Steinke, Adm.

**South Bend Convalescent Center, Inc. (C)**  
4600 W. Washington Ave., South Bend 46619  
Bradley Webber, Adm.

**South Bend Nursing Home (C)**  
328 N. Notre Dame, South Bend 46617  
Robert Cox, Adm.

#### SCOTT COUNTY

**Roe-Seal Memorial Home (R)**  
Englishton Park, Lexington 47138  
Janet Heilman, Adm.

**Scottsburg Nursing Home (C)**  
1100 N. Gardner St., Scottsburg 47170  
Ollie M. Blagrove, Adm.

**Scott Villa Health Care Center, Inc. (C)**  
R.R. 6, U.S. 31 South, Scottsburg 47170  
Susan Russell, Adm.

**Williams Manor (C)**  
10 Todd Drive, Scottsburg 47170  
Wanda J. Williams & Barbara K. Fleener, Adms.

#### SHELBY COUNTY

**Ace Placid Home (C)**  
R.R. 1, Box 350, Fairland 46126  
Patsy R. Ferguson, Adm.

**Conover Rest Home (C)**  
Box 388, Morristown 46161  
Martha Waltz, Adm.

**The Heritage House Children's Center (C)**  
2325 S. Miller St., Shelbyville 46176  
Janet Coers, Adm.

**The Heritage House Convalescent Center (C)**  
2309 S. Miller St., Shelbyville 46176  
C. Robert Norman, Adm.

**Heritage Manor, Inc. (C)**  
2311 S. Miller St., Shelbyville 46176  
Miss Linda Kuhn, Adm.

**Waldron Health Care Home, Inc. (C)**  
Box 95, Waldron 46182  
Kathleen L. Kuhn, Adm.

#### SPENCER COUNTY

**Golden Circle Nursing Center (C)**  
Highway 68 West, Dale 47523  
Donald R. Thomason, Adm.

**Nursing Center of Rockport, Inc. (C)**  
815 Washington St., Rockport 47635  
O. Jane Thomason, Adm.

**Professional Care Nursing Center, Inc. (C)**  
Dale 47523  
Emma Lou Woolard, Adm.

#### STARKE COUNTY

**The Countryside Place Health Facility (C)**  
300 Culver Road, Knox 46534  
Larry Lamon, Adm.

**Little Company of Mary Health Facility, Inc. (C)**  
Route 421, San Pierre 46374  
Thomas Kramer, Adm.

#### STEUBEN COUNTY

**Angola Nursing Home (C)**  
600 N. Williams St., Angola 46703  
Sue Colglazier, Adm.

**Carlin Park Nursing Home, Inc. (C)**  
P.O. Box 341, Angola 46703  
Flo Shull, Adm.

**Lakeland Nursing Center (C)**  
500 N. Williams St., Angola 46703  
W. D. Partin, Adm.

#### SULLIVAN COUNTY

**Sullivan Health Care Center (C)**  
W. Wolfe St., Sullivan 47882  
Oliver R. and Mary J. Blubaugh, Adms.

**Village Nursing Home (C)**  
975 N. Section St., Sullivan 47882  
Carla Jean McCammon, Adm.

#### SWITZERLAND COUNTY

**Jackson's Senior Citizens Home (BHA)**  
501 West Pike St., Vevay 47043  
Peggy Jackson, Adm.

#### TIPPECANOE COUNTY

**Americana Healthcare Center of Lafayette (C)**  
2201 Cason St., Lafayette 47901  
Alan Litwiller, Adm.

**Comfort Retirement and Nursing Home, Inc. (C)**  
312 N. Eighth St., Lafayette 47901  
Richard E. Linson, Adm.

**Hillcrest Nursing Home (C)**  
1123 E. South St., Lafayette 47901  
Dan Wheat, Adm.

**Indiana Pythian Home (R&C)**  
1501 South 18th Street, Lafayette 47905  
Meredith E. Keeney, Adm.

**Indiana Veteran's Home (BHA, R&C)**  
Road 43, North Lafayette 47901  
Col. Stanley Arnold, Supt.

**Lafayette Care, Inc. (C)**  
3400 Soldiers Home Rd., W. Lafayette 47906  
Mary Robertson, Adm.

**Laura M. Bowles Convalescent Home, Inc. (C)**  
602 Clark St., Clarks Hill 47930  
Joseph Peterson, Adm.

**Tippecanoe Villa (R)**  
5308 N. 50, W. Lafayette 47906  
Charles & Dorothy Haan, Adms.

**Turtle Creek Convalescent Center of Lafayette (C)**  
1903 Union St., Lafayette 47901  
John Alcott, Adm.

**Westminster Village West Lafayette (C)**  
2741 N. Salisbury St., W. Lafayette 47906  
W. Marcus Kendall, Adm.

#### TIPTON COUNTY

**Higgins Health Facility, Inc. (C)**  
4 H Rd., P.O. Box 303, Tipton 46072  
Hal Higgins, Adm.

**The Higgins Home, Inc. (C)**  
Box 303, Tipton 46072  
Robert D. Higgins, Jr., Adm.

**Holtsclaw Nursing Home (C)**  
119 W. Washington St., Tipton 46072  
Margaret Holtsclaw, Adm.

**Tipton Nursing Home (C)**  
701 E. Jefferson St., Tipton 46072  
Marcia Ellen DeWitt, R.N., B.S., Adm.

#### UNION COUNTY

**Park Manor Nursing Home, Inc. (C)**  
409 E. Union St., Liberty 47353  
Elaine Stubbs, R.N., Adm.

#### VANDEBURGH COUNTY

**Bethel Sanitarium, Inc. (R&C)**  
6015 Kratzville Rd., Evansville 47710  
Louise Kuiken, R.N., Adm.

**Braun's Nursing Home, Inc. (C)**  
909 First Ave., Evansville 47710  
Ruth H. Braun, L.P.N., Adm.

**Christian Manor (C)**  
923 S. Elliott St., Evansville 47710  
Rachel Willett, Adm.

**Dellaren Nursing Care Center (C)**  
816 North First Ave., Evansville 47710  
Martha Winterheimer, Adm.

**Evansville Protestant Home, Inc. (R&C)**  
3701 Washington Ave., Evansville 47715  
Helen E. Kinkle, Adm.

**Gertha's Nursing Home, Inc. (C)**  
605 Oakley St., Evansville 47710  
Richard Gossman, Sr., Adm.

**Good Samaritan Home, Inc. (C)**  
601 N. Boeke, Evansville 47711  
N. R. Allsmiller, Adm.

**Holiday Home (C)**  
1201 W. Buena Vista Rd., Evansville 47710  
Larry E. Dunigan, Adm.

**M & R Nursing Home (C)**  
1100 N. Read St., Evansville 47710  
Mike Cox, Adm.

**McCurdy Residential Center (R)**  
101 S.E. First St., Evansville 47713  
Herbert Jankins, Adm.

**Medco Center of Evansville-North, Inc. (C)**  
650 Fairway Dr., Evansville 47710  
John W. Miller, Adm.

**Parkview Convalescent Center, Inc. (C)**  
2819 N. St. Joseph Ave., Evansville 47712  
Charles J. Lucwyck, Adm.

**Pine Haven Nursing Home, Inc. (C)**  
3401 Stocker Dr., Evansville 47712  
James F. Stocker, R.N., Adm.

**Quality Care Home (C)**  
807 S.E. Third St., Evansville 47713  
Dorothy Wolf, Adm.

**Rathbone Memorial Home (R)**  
1320 S. E. Second St., Evansville 47713  
Mary Pierson, Adm.

**Regina Pacis Home (R&C)**  
3900 Washington Ave., Evansville 47715  
Raymond Heinen, Adm.

**St. John's Home for the Aged (R&C)**  
1236 Lincoln Ave., Evansville 47714  
Sr. Mary Elizabeth, Adm.

**Turtle Creek Convalescent Center of Evansville (C)**  
4301 Washington Ave., Evansville 47715  
Evelyn Hendrix, Adm.

#### VERMILLION COUNTY

**Clinton Nursing Home (C)**  
700 S. Main St., Clinton 47842  
Betty June Payton, L.P.N., Adm.

**Vermillion Convalescent Center (C)**  
Outer S. Main St., Box 1A, Clinton 47842  
Robert M. Cahill, Adm.

#### VIGO COUNTY

**Canterbury Convalescent Centre (C)**  
500 Maple Ave., Terre Haute 47804  
Marilyn A. Williams, Adm.

**Clara Fairbanks and Chauncey Rose Home, Inc. (R&C)**  
721 Eighth Ave., Terre Haute, 47804  
Helen Cottrell, R.N., Adm.

**Ewing Nursing Home (C)**  
504 S. 15th St., Terre Haute 47807  
Mary Cox Ewing, R.N., Adm.

**Meadows Manor (C)**  
3300 Poplar St., Terre Haute 47803  
Wilma P. Hall, Adm.

**Meadows Manor North, Inc. (C)**  
3150 N. 7th St., Terre Haute 47804  
Nancy F. Applegate, Adm.

**Terre Haute Nursing Home (C)**  
830 S. 6th St., Terre Haute 47808  
Charles C. Moyer, Adm.

**Vigo County Home (C)**  
3500 Maple Ave., Terre Haute 47804  
Margaret Koile, Adm.

**Wallace Nursing Center, Inc. (C)**  
120 W. Margaret Ave., Terre Haute 47802  
Richard D. Wallace, Adm.

**Webster's Rest Home (C)**  
513-15 North 14th St., Terre Haute 47807  
Rachel Webster, Adm.

#### WABASH COUNTY

**The Estelle Peabody Memorial Home of the United Presbyterian Church, U.S.A., Indiana Synod (R&C)**  
Seventh and Buffalo,  
North Manchester 46962  
William Visser, Adm.

**Merriweather Convalescent Home (C)**  
1720 Albert St., Wabash 46992  
Kathryn Duffey, R.N., Adm.

**Miller's Merry Manor, Inc. (C)**  
1035 Manchester Ave., Wabash 46992  
Ellen C. Baker, Adm.

**Pleasant View Nursing Home (C)**  
R.R. 2, Wabash 46992  
Daniel H. Miller, R.N., Adm.

**Shangri-La Manor, Inc. (C)**  
604 Rennaker St., La Fontaine 46940  
Larrie L. Falder, Adm.

**Timbercrest-Church of the Brethren Home (R&C)**  
East St., North Manchester 46962  
Orville Sherman, Adm.

**Turtle Creek Convalescent Centre Wabash (C)**  
654 Washington St., Wabash 46992  
Jean Dovey, Adm.

**Vernon Manor Children's Home (C)**  
P.O. Box 258, Wabash 46992  
John W. Bishop, Adm.

#### WARREN COUNTY

**Davis Boarding Home (BHA)**  
R.R. #2, Covington 47932  
John W. Davis, Adm.

**Meadow Heights Nursing Center, Inc. (C)**  
200 Short St., Williamsport 47993  
Mr. Terry Johnson, Adm.

#### WARRICK COUNTY

**Baker's Rest Haven, Inc. (C)**  
305 E. North St., Boonville 47601  
Viola Vance, R.N., Adm.

**Medco Center of Chandler (C)**  
R.R. 2, Chandler 47610  
Jerry Powers, Adm.

**Monticello Manor (C)**  
S.E. Second St., Boonville 47601  
Melvin H. White, Adm.

#### WASHINGTON COUNTY

**Williams Convalescent Center, Inc. (C)**  
Homer and Anson Sts., Salem 47167  
Wayne H. Williams, and Kathleen Williams, L.P.N., Adms.

#### WAYNE COUNTY

**Colonial Crest Convalescent Center Richmond (C)**  
1042 Oak Dr., Richmond 47374  
Dennis Ryan, Adm.

**Friends Fellowship Community, Inc. (R&C)**  
2030 Chester Blvd., Richmond 47374  
Merrill W. Baxter, Adm.

**Golden Rule Nursing Center, Inc. (C)**  
2001 U.S. 27 South, Richmond 47374  
Al Knobler, Adm.

**Heritage House of Richmond, Inc. (C)**  
2070 Chester Blvd., Richmond 47374  
Mae Norman, Adm.

**Jenkins Hall (R&C)**  
N. 10th St., Richmond 47374  
Roger Bucher, Adm.

**Owens Nursing Home Inc. (C)**  
1811 S. Ninth St., Richmond 47374  
Bonnie Owens, Adm.

**Pinehurst Nursing Home (C)**  
Box 145, Centerville 47330  
Mary McClure, R.N., Adm.

**Richmond Nursing Home (C)**  
2302 N. Chester Blvd., Richmond 47374  
Margo Potter, Adm.

#### WELLS COUNTY

**Cooper Rest Homes, Inc. (C)**  
1509 Fort Wayne Rd., Bluffton 46714  
Daniel J. Cooper, Adm.

**Davis Bluffton Nursing Home (C)**  
1001 S. Clark Ave., Bluffton 46714  
I. Helen Jackson, Adm.

**Meadowvale Skilled Care Center (C)**  
1529 W. Lancaster St., Bluffton 46714  
Donald Cheesman and Alvie Cheesman,  
Adms.

**Lake View Home (R)**  
R.R. 6, Monticello 47960  
Ora Rumble, Adm.

**Columbia City Nursing Home (C)**  
522 N. Line St., Columbia City 46725  
Judith DeBartold, Adm.

**Turtle Creek Convalescent Centre of  
Monticello (C)**  
R.R. 6, Monticello 47960  
Jeffrey L. Bulkey, Adm.

**Mary Farris Nursing Home (C)**  
215 E. VanBuren, Columbia City 46725  
Mary Farris, Adm.

#### WHITE COUNTY

**Archibald Memorial Home for Aged  
Deaf (R)**  
R.R. 2, Brookston 47923  
Leona Turner, Adm.

#### WHITLEY COUNTY

**Alfran Nursing Home, Inc. (C)**  
R.R. 9, Columbia City 46725  
Elson Wilson, L.P.N., Adm.

**Miller's Merry Manor, Inc. (R&C)**  
710 W. Ellsworth St., Columbia City  
46725  
Grace M. Karst, R.N., Adm.

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## *Indiana University School of Medicine*

**1100 W. Michigan Street, Indianapolis 46202**  
**Steven C. Beering, M.D., Indianapolis, Dean**

#### HEADS OF DEPARTMENTS

Department of Anatomy—Charles E. Blevins, Ph.D., Chairman, Indianapolis.  
Department of Physiology—Ewald E. Selkurt, Ph.D., Indianapolis, Chairman.  
Department of Biochemistry—David M. Gibson, M.D., Indianapolis, Chairman.  
Department of Health Administration—Samuel H. Hopper, Ph.D., Chairman of the Executive Committee.  
Department of Pathology—Joshua L. Edwards, M.D., Indianapolis, Chairman.  
Department of Clinical Pathology—Carleton Nordschow, M.D., Chairman, Indianapolis.  
Department of Microbiology and Immunology—William D. Sawyer, M.D., Indianapolis, Chairman.  
Department of Orthopedic Surgery—Donald B. Kettelkamp, M.D., Chairman, Indianapolis.  
Department of Surgery—John E. Jesseph, M.D., Indianapolis, Chairman.  
Department of Medicine—Walter J. Daly, M.D., Chairman, Indianapolis.  
Department of Neurology—Mark Dyken, M.D., Chairman, Indianapolis.  
Department of Psychiatry—Hugh C. Hendrie, M.D., Chairman, Indianapolis.  
Department of Radiology—Eugene C. Klatte, M.D., Indianapolis, Chairman.  
Department of Radiation Oncology—Ned Hornback, M.D., Chairman, Indianapolis.

Department of Obstetrics and Gynecology—Charles A. Hunter, Jr., M.D., Indianapolis, Chairman.  
Department of Otorhinolaryngology and Bronchoesophagology—Raleigh Lingeman, M.D., Chairman, Indianapolis.  
Department of Ophthalmology—Fred M. Wilson, M.D., Indianapolis, Chairman.  
Department of Urology—John Donohue, M.D., Chairman, Indianapolis.  
Department of Family Medicine—A. Alan Fischer, M.D., Chairman, Indianapolis.  
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#### INDIANA UNIVERSITY MEDICAL CENTER

1100 W. Michigan Street  
Indianapolis

**Director of Hospitals**—Roger S. Hunt  
**Director of Clinical Laboratories**—Carleton Nordschow, M.D.  
**Chief Radiologist**—Eugene C. Klatte, M.D.

# *List of Indiana Accredited Programs In Nursing Preparing for Licensure As Registered Nurses*

INDIANA STATE BOARD OF NURSES' REGISTRATION AND NURSING EDUCATION

700 High School Road, Indianapolis 46224

April 1978

## **HOSPITAL PROGRAMS**

Name of School of Nursing	Location	Director	Zip Code
Deaconess Hospital	Evansville	Miss Ellen Lynch, R.N.	47747
Lutheran Hospital	Fort Wayne	Miss Virginia Williamson, R.N.	46807
Parkview-Methodist	Fort Wayne	Miss Dorothy Craig, R.N.	46805
St. Joseph Hospital	Fort Wayne	Ms. Mary Ruth Beeber	46804
Wishard Memorial Hospital	Indianapolis	Ms. Shirley Ross, R.N., Acting	46202
St. Elizabeth Hospital	Lafayette	Sister M. Florianne, R.N.	47904
Memorial Hospital	South Bend	Miss Irene M. Kardasen, R.N.	46601

## **BACCALAUREATE DEGREE PROGRAMS**

Name of School of Nursing	Location	Director, Dean or Head of Department	Zip Code
Univ. of Evansville	Evansville	Mrs. Helen C. Smith, R.N., Dean	47702
Goshen College Div. of Nursing	Goshen	Mrs. Marilyn Leichty, R.N., Interim Director	46526
DePauw University			
1812 N. Capitol	Indianapolis	Ms. Doris Froebe, R.N., Director	46202
Indiana University (IUPUI)			
1100 W. Michigan St.	Indianapolis	Mrs. Elizabeth Grossman, R.N., Dean	46202
Marion College Dept. of Nursing	Marion	Dr. Wilma Jean Jackson, R.N.	46952
Ball State University			
Dept. of Nursing	Muncie	Dr. Ethelyn Exley, Head	47306
Saint Mary's College Dept. of Nursing	Notre Dame	Dr. Mary Elizabeth Martucci, R.N., Chairman	46556
Indiana State University	Terre Haute	Dr. Mary Anne E. Roehm, R.N., Interim Dean	47809
Valparaiso University			
College of Nursing	Valparaiso	Dr. Dorothy Paulsen Smith, R.N., Dean	46383

## **ASSOCIATE DEGREE PROGRAMS**

Name of School or Department	Location	Director or Head of Department	Zip Code
Anderson College Dept. of Nursing	Anderson	Miss Louise Spall, R.N., Chairperson	46011
University of Evansville ADN Program	Evansville	Mrs. Nadine Coudret, R.N.	47702
Indiana University ADN Programs:			
I.U. Northwest, 3400 Broadway	Gary	Dr. Doris R. Blaney, R.N.	46408
I.U.P.U.I., 1100 W. Michigan St.	Indianapolis	Miss Margaret Applegate, R.N.	46202
I.U. Southeast, Div. of Nursing			
4201 Grant Line Road			
P.O. Box 679	New Albany	Dr. Louise F. Suleiman, R.N.	47150
I.U. Kokomo, 2300 S. Washington	Kokomo	Mrs. Florence Gardner, R.N.	46901
Indiana Central College Dept. of N.	Indianapolis	Mrs. LeAlice Briggs, R.N.	46227
Marian College	Indianapolis	Miss Mary Ann Lewis, R.N.	46222
Purdue University Nursing Sections:			
Ft. Wayne Campus,			
2101 Coliseum Blvd.	Ft. Wayne	Mrs. Elaine Cowen, R.N., Chairman	46805
Calumet Campus, 2233-171st Street	Hammond	Mrs. Joyce A. Ellis, R.N., Chairman	46323
Lafayette Campus,			
S. Campus Courts	West Lafayette	Miss Mary Helen Zink, R.N., Chairman	47907
North Central Campus	Westville	Miss Bernice Schaapveld, R.N., Chairman	46391
Vincennes University	Vincennes	Miss Stella Risch, R.N., Chairperson	47591

# *Indiana Accredited Programs in Practical Nursing\**

April 1978

School or Program		Director, School or Program
Anderson School of Practical Nursing Anderson Community Schools 325 W. 38th St., Anderson	46014	Mrs. Virginia Blakeley, R.N., Director
Indiana Vocational Technical College Schools of Practical Nursing Region 10, 725 W. 2nd St., Bloomington	47401	Mrs. Lois Ahlhauser, R.N.
Region 10, 2518 E. 17th St., Columbus	47201	Mrs. Margaret Watson, R.N.
Region 4, 2316 South St., Lafayette	47904	Ms. Sharon Bingaman, R.N.
Region 1, 1511 Wabash St., Mich. City	46360	Miss Virginia Melevage, R.N.
Region 9, Reid Memorial Hosp. 1401 Chester Blvd., Richmond	47374	Mrs. Joan Esarey, R.N.
Region 2, 1534 W. Sample St., S. Bend	46619	Miss Dorothy Bupp, R.N., Dept. Chairman
Region 7, R. R. #22, Box 450, T. Haute	47802	Mrs. Betty Fowler, R.N., Chairman Life Sciences
Evansville School of Practical Nursing Evansville-Vanderburgh School Corp., 1900 Stringtown Road, Evansville	47711	Miss Joyce Stevens, R.N., Coordinator
School of Practical Nursing Fort Wayne Community Schools, 1200 South Barr, Fort Wayne	46802	George F. Walls, R.N., Coordinator Health Occupations
School of Practical Nursing Indianapolis Public Schools 26 N. Arsenal Ave., Indianapolis	46201	Mrs. Marguerite F. Clark, R.N., Director
Metropolitan School District of Washington Twp. J. Everett Light Career Center 1901 E. 86th St., Indianapolis	46240	Mrs. Madlon Drayer, R.N., Director
Kokomo School of Practical Nursing Kokomo-Center Twp. Cons. Sch. Corp., 1104 N. Bell, Kokomo	46901	Mrs. Geraldine Huber, R.N., Director-Coordinator
Marion Community School of Practical Nursing Tucker Area Career Center 750 W. 26th St., Marion	46952	Mrs. Esther Fritts, R.N., Instructor-Supervisor
Muncie School of Practical Nursing Ball Memorial Hospital 2300 West Gilbert Street, Muncie	47303	Mrs. Norma Rudolph, R.N., Director
New Albany School of Practical Nursing New Albany-Floyd Co. Cons. Sch. Corp. 4202 Charlestown Rd., New Albany	47150	Mrs. Phyllis Thacker, R.N., Director-Instructor
Vincennes University Practical Nurse Program, Vincennes	47591	Ms. Karen Gines, R.N., Director

\* Furnished by INDIANA STATE BOARD OF NURSES' REGISTRATION AND NURSING EDUCATION, 700 High School Road, Indianapolis, Indiana 46224

# Ivy Tech Health Occupation Courses

The Indiana Vocational Technical College,  
5221 Ivy Tech Drive, Indianapolis 46206, tele-  
phone 317-297-3210, offers the following health  
occupation courses at the locations listed:

## BLOOMINGTON

619 West First St.  
Bloomington 47401  
Offers courses to prepare:  
Practical Nursing  
Medical Laboratory Assistant

## COLUMBUS

646 Franklin St.  
Columbus 47201  
Offers courses to prepare:  
Practical Nursing  
Medical Assistant  
Respiratory Therapy

## EVANSVILLE

3501 First Avenue, Box 3199  
Evansville 47710  
Offers courses to prepare:  
Medical Assistant

## FORT WAYNE

3800 N. Anthony Blvd.  
Fort Wayne 46805  
Offers courses to prepare:  
Medical Assistant  
Respiratory Therapy  
Emergency Medical Technician-Ambulance

## GARY

1440 East 35th Ave.  
Gary 46409  
Offers courses to prepare:  
Emergency Care Technician  
Medical Assistant  
Operating Room Technician  
Practical Nursing  
Respiratory Therapy Technician  
Dietetic Assistant  
Emergency Medical Technician—Ambulance  
Nurse Aide/Orderly

## INDIANAPOLIS

1315 East Washington St.  
Indianapolis 46202  
Offers courses to prepare:  
Medical Laboratory Technician  
Emergency Care Technician  
Medical Assistant  
Operating Room Technician  
Radiologic Technology  
Respiratory Therapy Technician  
Emergency Medical Technician—Ambulance  
Nurse Aide/Orderly

## KOKOMO

1815 East Morgan Street  
Kokomo 46901  
Offers courses to prepare:  
Medical Assistant

## LAFAYETTE

616 Wabash Ave.  
Lafayette 47905  
Offers courses to prepare:  
Medical Laboratory Technician  
Dental Assistant  
Emergency Care Technician  
Medical Assistant  
Operating Room Technician  
Practical Nursing  
Respiratory Therapy Technician  
Emergency Medical Technician—Ambulance

## MADISON

1st and Broadway  
Madison 47250  
Offers courses to prepare:  
Medical Assistant  
Nurse Aide/Orderly

## MUNCIE

4100 Cowan Road, Box 3100  
Muncie 47302  
Offers courses to prepare:  
Medical Assistant  
Emergency Medical Technician—Ambulance  
Nurse Aide/Orderly

## RICHMOND

2325 Chester Blvd., Box 1145  
Richmond 47374  
Offers courses to prepare:  
Medical Laboratory Technician  
Practical Nursing  
Nurse Aide/Orderly

## SELLERSBURG

8204 Highway 31-W  
Sellersburg 47172  
Offers courses to prepare:  
Medical Assistant  
Operating Room Technician (Accreditation Pending)  
Emergency Medical Technician—Ambulance  
Nurse Aide/Orderly

## SOUTH BEND

1534 West Sample St.  
South Bend 46619  
Offers courses to prepare:  
Medical Assistant  
Operating Room Technician  
**Practical Nursing**  
Medical Laboratory Technician  
Dietetic Assistant  
Emergency Medical Technician—Ambulance

## TERRE HAUTE

R.R. 22, Box 760  
Terre Haute 47802  
Offers courses to prepare:  
Medical Assistant  
Practical Nursing  
Medical Laboratory Assistant  
Radiologic Technology

# Official Yellow Fever Vaccination Centers

Although other immunizations for foreign travel (e.g., cholera, smallpox) may be given in any physician's office or clinic, yellow fever immunization is available only at the following Yellow Fever Vaccination Centers officially designated by the Indiana State Board of Health. All clinic hours are by appointment (call Center) and a fee is charged for the immunization.

Elkhart County Health Department, 315 S. Second St., Elkhart, Phone: 219-294-1688, Extension 205.

Evansville-Vanderburgh County Health Department, Room 127, City-County Administration Building, Evansville, Phone: 812-426-5691.

Fort Wayne-Allen County Board of Health, One E. Main St., Fort Wayne, Phone: 219-423-7504.

Gary Health Department, 1145 W. Fifth Ave., Gary, Phone: 219-944-6686.

Indiana University Medical Center, Long and Clinical Building, 1100 W. Michigan St., Indianapolis, Phone: 317-264-7800 (or 7809).

Lake County Health Department, 2293 N. Main St., Crown Point, Phone: 219-738-2020, Ext. 311.

St. Joseph County Health Department, Ninth Floor, County-City Building, South Bend, Phone: 219-284-9783.

Vigo County Health Department, 120 S. Seventh St., Terre Haute, Phone: 812-232-1585.

**The following are out-of-state Yellow Fever Vaccination Centers that Indiana residents may wish to utilize. Call Center for appointment.**

Louisville-Jefferson County Health Department, 400 East Gray, Louisville, Ky., Phone: 502-587-3378.

Cincinnati City Health Department, 3101 Burnet Avenue, Cincinnati, Phone: 513-352-3147.

Montgomery County Health Department, 451 West Third Street, Dayton, Phone: 513-225-4500.

Miami University Student Health Services, MacMillan Hospital, Oxford, Ohio, Phone: 513-529-3333.

# DISEASE PREVENTION by Immunization and Chemoprophylaxis\*

Disease	Agent Used	Recommended For	Method of Administration			Type of Immunity	Duration of Protection	Booster Injection	
Cholera	Cholera Vaccine	Travelers vaccinated in the United States require only one dose of cholera vaccine (dose number one in table at right) and should receive the second dose only if they will be traveling or working in areas where cholera is epidemic or endemic and sanitation is less than adequate.	Dose Number	Under 5	Age (years) 5-10	Over 10	Active	6 months	Should be given every six months as long as likelihood of exposure exists. Same volume as dose number two of primary series.
			1	0.1 ml	0.3 ml	0.5 ml			
			2	0.3 ml	0.5 ml	1.0 ml			
Diphtheria	Diphtheria Antitoxin	All early cases	Intravenous preferred. Warning: Test for sensitivity to horse serum. Dosage dependent on degree of toxicity rather than age and weight. 20,000 units to 120,000 units.				Passive	Short	Additional antitoxin given dependent upon illness and toxicity.
Diphtheria	Diphtheria toxoid (alum precipitated or aluminum phosphate absorbed, for adult use, 2 Lf of antigen).	Children and adults. Use only when there are definite contraindications to other components of combined antigen (DPT or Td).	Two intramuscular injections of 0.5 cc. each, four to six weeks apart and third dose one year later.				Active	Indefinite	0.5 cc. every 10 years.
Diphtheria	Diphtheria-Pertussis-Tetanus alum precipitated or aluminum hydroxide (or aluminum phosphate) absorbed diphtheria and tetanus toxoids; containing 12 protective antigenic units of vaccine per 1.5 cc. (DPT)	Children two months through six years.	Three intramuscular injections of 0.5 cc each, one month apart followed by reinforcing dose one year after third dose. Series should begin at 6 weeks to 3 months of age.				Active	Indefinite	D-P-T booster of 0.5 cc. at 3-6 years. (Preferably at time of school entrance—kindergarten or elementary school.)
Diphtheria	Tetanus and Diphtheria Toxoids, adult type (Td-containing 2 Lf of diphtheria toxoid).	Children and adults (Diphtheria-Pertussis-Tetanus combination is preferred for children under 6 years of age, except when pertussis component contraindicated.)	Primary immunization: (1) First dose of 0.5 cc. IM or subcu (2) Second dose of 0.5 cc. IM or subcu 4-6 weeks later. (3) Reinforcing dose one year after (2)				Active	Indefinite	Diphtheria Tetanus (Td) booster every 10 years.
Hepatitis, Infectious (Type A)	Immune Serum Globulin (ISG or Gamma Globulin)	All exposed in household, institution, etc.	Dosage: 0.02 ml/kg body weight intramuscularly.				Passive	Brief	Repeat each exposure

Hepatitis, Serum (Type B)	Hepatitis B Immune Globulin (HBIG); Immune Serum Globulin (ISG)	Needle-stick or mucosal exposure to known HBsAg-positive blood.  Infants of mothers having acute hepatitis B in 3rd trimester of pregnancy and HBsAg- positive at delivery.  Anti-HBs-negative staff and patients of hemodialysis units, only if routine serologic screening and hygienic measures fail to prevent transmission.	HBIG 0.05-0.07 ml/kg body wt. within 7 days after exposure; repeat dose in 25-30 days. (ISG, same dosage schedule, if HBIG unavailable.)  Within 7 days of birth, single dose HBIG 0.13 ml/kg body wt. or ISG 0.5 ml/kg body wt.  ISG 0.05-0.07 ml/kg body wt. at 4-month intervals.	Passive	Brief	Repeat for each exposure or according to schedules given under Method of Administration.
Influenza	Polyvalent Vaccine  (Subject to annual changes in recom- mendations late summer or fall)	Anti-HBs-negative patients and staff of institutions for men- tally retarded, during periods of demon- strated hepatitis B transmission.  Persons with chronic debilitating disease of heart and lungs and those with chronic metabolic disorders, especially diabetes mellitus. Consider for all older age persons, especially those with incipient or potentially chronic heart or lung disease.	ISG 0.05-0.07 ml/kg body wt. at 4-month intervals.  One dose subcutaneously. (Two doses may be recommended for children; consult pack- age insert with current year's vaccine.)	Active	60-90% effective, at least one year.	One dose annually
Measles	Live, "Further Attenuated" Vaccine	15 months and older	Single dose subcutaneously	Active	At least 15 years. May be lifelong	Reimmunize children previously im- munized at less than 12 months of age; also, those who received only inactivated vaccine or a combined series of inactivated and live vaccines.
Mumps	Mumps Virus Vaccine, Live, Attenuated	Children 12 months or older Adults who have not had mumps	One dose subcutaneously	Active	Eight years known— probably much longer	Not known at present

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection																								
Meningococcal Meningitis	Rifampin	Intimate contacts of a case	Adults: 600 mg. orally twice daily for two days. Children: 10 mg/kg twice a day for two days for children age 1 to 12 years; 5 mg/kg twice daily for two days for infants age 3 months to 1 year.	None Chemical prophylaxis only	Very brief—for one exposure only.	Repeat following each exposure.																								
	Minocycline	Same	Adults: 100-200 mg. orally every 12 hours for five days (caution: vestibular reactions reported)																											
	Sulfadiazine	Same: use only for proven sulfa-sensitive meningococcus	Twelve years of age or older: 1.0 gm twice daily for 2 days. Under 12 years of age: 0.5 gm twice daily for 2 days.																											
	Meningococcal polysaccharide vaccines, monovalent group C, and bivalent A-C.	Routine use not recommended. Selective use for: control of outbreaks due to N. meningitidis serogroups A or C; some travelers to countries having epidemic meningococcal disease; adjunct to chemoprophylaxis for household contact of meningococcal disease cases.	One dose parenterally, volume specified by manufacturer.	Active. Children less than two years old respond less well to the Group A antigen than do older persons; the Group C antigen is not effective in children less than two years of age.	Unknown	Insufficient data.																								
Pertussis	Pertussis Vaccine saline suspended (See Double and Triple antigens under "Diphtheria")	Children during epidemic	A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units (0.5 cc.) given subcutaneously at intervals of one week.	Active	Indefinite	1 year after primary series, 2 years after primary series and then every three years to 6 or 7 years of age.																								
	Pertussis Vaccine alum precipitated or aluminum hydroxide adsorbed (See Double and Triple antigens under "Diphtheria")	Routine immunization of infants when DPT is contraindicated	A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units each (0.5 cc.) injected intramuscularly at intervals of 4 to 6 weeks.	Active	Indefinite	18 months—3-4 years. 6-7 years usually given as DPT.																								
Plague		Exposure Recall		Active	Indefinite	4 NIH units (0.5 cc.) saline suspension subcutaneously if child has not had immunization past 2 years.																								
	Plague Vaccine—a suspension of Yersinia pestis.	Epidemics and areas with high endemic rate.	<table><tr><th colspan="2">Dose Under No. 1 year</th><th colspan="3">Age (years)</th></tr><tr><th></th><th></th><th>1-4</th><th>5-10</th><th>Over 10</th></tr><tr><td>1</td><td>0.1 ml</td><td>0.2 ml</td><td>0.3 ml</td><td>0.5 ml</td></tr><tr><td>2</td><td>0.1 ml</td><td>0.2 ml</td><td>0.3 ml</td><td>0.5 ml</td></tr><tr><td>3</td><td>0.04 ml</td><td>0.08 ml</td><td>0.12 ml</td><td>0.2 ml</td></tr></table>	Dose Under No. 1 year		Age (years)					1-4	5-10	Over 10	1	0.1 ml	0.2 ml	0.3 ml	0.5 ml	2	0.1 ml	0.2 ml	0.3 ml	0.5 ml	3	0.04 ml	0.08 ml	0.12 ml	0.2 ml	Active	Partial protection for period of 4-6 mos.
Dose Under No. 1 year		Age (years)																												
		1-4	5-10	Over 10																										
1	0.1 ml	0.2 ml	0.3 ml	0.5 ml																										
2	0.1 ml	0.2 ml	0.3 ml	0.5 ml																										
3	0.04 ml	0.08 ml	0.12 ml	0.2 ml																										

Pneumococcal Pneumonia	Pneumococcal Vaccine, Polyvalent (14 capsular types accounting for 80% of disease.)	Persons over 2 years old who have 1) splenic dysfunction (e.g., sickle cell disease) or asplenia, or 2) diabetes mellitus or functional impairment of cardio-respiratory, hepatic, or renal systems; may also consider for special closed population groups, e.g., residential schools, nursing homes.	Single subcutaneous or intramuscular dose of 0.5 ml.	Active	Unknown; antibody titers are likely to remain high for several years.	At no less than 3-year intervals.
Poliovirus	Poliovirus Vaccine, Live, Trivalent, Oral (Sabin)	Infants	First dose age 6-12 weeks, 2nd dose 8 weeks later, 3rd dose 8-12 months after 2nd.	Active	Thought to be permanent	Children should receive one booster dose on entering school; thereafter, may be needed for foreign travel.
		Children	Two doses 6-8 weeks apart; third dose 8-12 months after second.			
		Adults, age 18 years or older.	Not necessary in U.S. but if at risk may be immunized as are children. Inactivated poliomyelitis vaccine may be preferred.	Active	Not known (Salk has demonstrated adequate antibodies present after 8 years.)	Every 2-3 years. Need for boosters obviated by full course of Trivalent Oral Polio Vaccine.
Rabies (post exposure prophylaxis)	Rabies hyper-immune serum: a) Rabies immune globulin (human) b) Antirabies serum (equine). Rabies vaccine-duck embryo (DEV).	All ages	Three parenteral doses at 1- to 2-month intervals, followed by fourth dose 6-12 months after the third.	Passive immunity from hyperimmune serum. Active immunity from DEV.	Serum—few weeks. Vaccine—indefinite.	Vaccine booster tenth and twentieth day after last dose of DEV series. Collect serum for rabies antibody testing at time of second booster.
		Bites by animals with known or suspected rabies; also, non bite exposures involving contamination of scratches, abrasions, open wounds or mucous membranes with saliva from such animals.	Hyperimmune serum, one dose as soon as possible after exposure. Begin 21-dose rabies vaccine series simultaneously; this may be given as 21 daily doses or two doses daily for seven days followed by one dose daily for seven days.			
		High-risk groups, e.g., veterinarians, animal handlers, certain laboratory workers, spelunkers, etc.	Two doses DEV one month apart followed by third dose in six-seven months (80%-90% response); or, three doses DEV at weekly intervals and fourth dose three months later (80% response).	Active. Test serum for rabies antibodies three-four weeks after last dose; if negative, give booster doses until response indicated.	Two years.	Routine: vaccine booster every two years. Exposure by rabid animal: Five daily doses of DEV followed by booster dose 20 days after fifth dose.
Rabies (pre-exposure prophylaxis)	Rabies vaccine-duck embryo (DEV).					

<b>Disease</b>	<b>Agent Used</b>	<b>Recommended For</b>	<b>Method of Administration</b>	<b>Type of Immunity</b>	<b>Duration of Protection</b>	<b>Booster Injection</b>
Rubella	Live virus vaccine	All children ages 1-12 yrs.; also susceptible nonpregnant females of childbearing age who will prevent pregnancy for three months after vaccination.	1 dose subcutaneously	Active	At least 5 yrs—long term protection likely	Not known at present
Rocky Mountain Spotted Fever	Rocky Mountain Spotted Fever Vaccine	Not routinely recommended since advent of specific antibiotic therapy. May be used in areas of high incidence among persons of high risk.	Adults: 3 injections each 1.0 cc. subcutaneously or intramuscularly at intervals of one week. Children—under 10 years three injections each 0.5 cc. subcutaneously or intramuscularly at intervals of one week.	Active	One year	1.0 cc. booster (annually under conditions of continued high risk of exposure.)
Smallpox	Smallpox Vaccine (Vaccinia virus)	Travelers to and from countries where smallpox is still endemic or to countries requiring vaccination for entry.	Multiple pressure, jet injection, or other techniques shown to be equally effective in assuring takes.	Active	3-10 years	Foreign travel—every 3 years.
Tetanus	Tetanus Immune Globulin (Human) (TIG)	Unimmunized persons, especially those with crushing injuries, burns, or penetrating wounds; also, for persons seen more than 24 hours after tetanus-prone injury who have had no tetanus toxoid for many years.	Adults: 250 units IM for wounds of average severity, up to 500 units for very severe wounds; children: 4 units per kilogram body weight.	Passive	21 days	Must repeat with each injury. Immunization with tetanus toxoid obviates need for further TIG.
	Tetanus Antitoxin Use only if Tetanus Immune Globulin (Human) is unavailable.	All cases of puncture wounds and animal bites when person has not been immunized for more than 5 years since last booster.	Caution: Skin test first for serum sensitivity. intramuscular injection of 3,000-10,000 units anti-toxin.	Passive	10 days	Repeat with each injury. Because of hazard to horse serum active immunization with toxoid preferred.
	Tetanus Toxoid, depot (alum precipitated or absorbed) (See Double and Triple antigens under "Diphtheria")	Hypersensitivity to other components of DTP and Td.	Two doses, each 0.5 cc. given intramuscularly, not less than four weeks apart followed by a reinforcing injection 8-12 months later.	Active	Extremely long lasting	Every 10 years

Typhoid Fever	Typhoid Vaccine	Exposure to a carrier in a household; outbreaks of typhoid fever in a community; travel to areas where typhoid fever is endemic.	Adults and children over 10 years old: 0.5 ml subcutaneously on two occasions, separated by 4 or more weeks. Children less than 10 years old: 0.25 ml subcutaneously on two occasions, separated by 4 or more weeks. If more rapid immunization is required, 3 doses of the same volume listed above may be given at weekly intervals but this schedule may be less effective.	Active	Indefinite—at least 3 yrs.	Every one to three years under conditions of continued or repeated exposure. Adults and children over 10 years old: 0.5 ml subcutaneously or 0.1 ml intradermally. Children 6 mo. to 10 yrs: 0.25 ml subcutaneously or 0.1 ml intradermally
Typhus Fever	Typhus Fever Vaccine	Not required for travelers to any part of the world. Suggested for persons living or working in close contact with certain indigenous populations in remote areas of South America, Africa and Asia.	Adults Two doses, each 0.5 cc. at intervals of 4 or more weeks given subcutaneously. Allergy to egg or chicken protein only contraindication. Children under 10 years: one half of adult dose.	Active	Relative 6-12 months	Every 6-12 months as long as opportunity for exposure exists. Same dose as in initial series.
Yellow Fever	Yellow Fever Vaccine* (Obtainable only at U. S. P. H. S. Hospital or Yellow Fever Immunization Depots. See footnote where obtainable in Indiana.)	All persons traveling in or through or living in endemic areas. Should receive vaccine 10 days before arrival in area.	One dose 0.5 cc. of a 1:10 dilution of concentrated vaccine, freshly prepared. Given subcutaneously. Should not be given to person ill with virus disease.	Active	10 years	Every 10 years repeat immunization.

\* While many contraindications are listed for various biologicals, it should be recognized that in the interest of brevity it was impossible to give all details. In case of doubt consult standard reference for detailed description of biological in question and/or pharmaceutical company's circular accompanying original package of biological.

All of the biologicals listed may be obtained through normal supply channels with the exception of YELLOW FEVER VACCINE. Because of hazards if yellow fever vaccine is improperly handled, it can only be obtained from official yellow fever vaccination centers (See next page.)

## Interruption Of Recommended Pediatric Immunization Schedule

Interruption of the recommended schedule, with a delay between doses, does not interfere with the final immunity achieved; nor does it necessitate starting the series over again, regardless of the length of time elapsed.

# Area Poison Information Centers in Indiana

and Adjacent States

\*\*\*ATTENTION: Physicians, Hospitals and Poison information Centers.

Since July 1, 1965, Wishard Memorial Hospital, Indianapolis, has been the principal INFORMATION CENTER for the state of Indiana, replacing that service provided by the Indiana State Board of Health. If you need help in de-

termining the toxic ingredients in a "trade name product" or have a problem involving treatment of a poisoning case, please call WISHARD MEMORIAL (Marion County General) HOSPITAL, INDIANAPOLIS — 630-7351. Toll free number for outside Indianapolis Dialing Area — 800-382-9097.

City	Name and Address	Telephone	Director
Anderson	St. John's Hickey Memorial Hospital 2015 Jackson Street	317-649-2511 Ext. 251	Thomas Schrader, Pharm.
Anderson	Community Hospital 1515 N. Madison Ave.	317-646-5198	Judy Eppinga, R.N.
Angola	Cameron Memorial Hospital, Inc. 416 E. Maumee	219-665-2141 219-665-2166	Pauline Fischer, R.N. Max White, R. Ph.
Columbus	Bartholomew Co. Hospital 2400 E. 17th St.	219-376-5277	Herman J. Echsner, M.D. Judy Maupin, R.N.
Crown Point	St. Anthony Medical Center Main at Franciscan Road	219-738-2100	B. M. Aaron, M.D. D. Motyka, D.O.
East Chicago	St. Catherine Hospital 4321 Fir Street	219-392-7203 219-392-1700	Edward Broomes, M.D.
Elkhart	Elkhart General Hospital 600 East Boulevard	219-294-2621	C. Richard Yoder, M.D.
Evansville	Deaconess Hospital 600 Mary Street	812-426-3405	David A. Johnson, Hosp. Adm.
Evansville	St. Mary's Hospital, Inc. 3700 Washington Avenue	812-477-6261	Julian D. Present, M.D.
Evansville	Welborn Memorial Baptist Hospital, Inc. 401 S. E. Sixth Street	812-426-8336	Richard Emig, R. Ph.
Fort Wayne	The Lutheran Hospital 3024 Fairfield Avenue	219-458-2211	Lloyd A. Vogel, M.D.
Fort Wayne	Parkview Memorial Hospital 220 Randalia Drive	219-484-6636	William O. Wissman, Pharm. Grace Kammeyer, R.N.
Fort Wayne	St. Joseph Hospital 700 Broadway	219-423-2614	Nancy Sharp, R.N. Delores Bash, R.N.
Frankfort	Clinton County Hospital 1300 S. Jackson Street	317-654-4451	William J. Russell, Hosp. Adm.
Gary	Methodist Hospital of Gary, Inc. 600 Grant St.	219-886-4710	Kenneth Mains, Dir. Emergency Service
Goshen	Goshen General Hospital 200 High Park Avenue	219-533-2141 Ext. 462	Craddock Duren, M.D.
Hammond	St. Margaret Hospital 25 Douglas Street	219-932-2300 Ext. 700	Herbert I. Arbeiter, M.D. V. Shirley, R.N.
Huntington	Huntington Memorial Hospital 1215 Etna Avenue	219-356-3000	Terry L. Messler, R. Ph.
*Indianapolis	Wishard Memorial Hospital 1001 West 10th Street	317-639-6671	Carolyn Cunningham, M.D.

(Toll free number for outside Indianapolis dialing area — 800-382-9027)

# *Area Poison Information Centers in Indiana*

City	Name and Address	Telephone	Director
Indianapolis	Methodist Hospital of Indiana, Inc. 1604 North Capitol Ave.	317-924-8355	Maxine Bush, R.N.
Kendallville	McCray Memorial Hospital Hospital Drive	219-347-1100	Ms. Marcia Bruce, R.N.
Kokomo	Howard Community Hospital 3500 S. Lafountain St.	317-453-0702 Ext. 444	Mary Scheetz, R.N.
Lafayette	St. Elizabeth Hospital 1501 Hartford Street	317-742-0221 Ext. 421 or 428	Lois Thoennes, Dir. E. R. Barbara Oldfield, R.N.
LaGrange	LaGrange County Hospital R.R. #1	219-463-2144 Ext. 34	Sharon Honaker, R.N.
LaPorte	LaPorte Hospital, Inc. 1007 Lincolnway	219-362-7541 Ext. 212	Mrs. Veronica Doig, R.N. Charles Muhleman, M.D. Robert M. Kelsey, M.D.
<b>*Principal information center for State of Indiana</b>			
Lebanon	Witham Memorial Hospital 1124 N. Lebanon Street	317-482-2700 Ext. 44	Thomas Dillon, D.O. B. Martz, R.N.
Madison	The King's Daughters' Hospital 112 Presbyterian Ave.,	812-265-5211 Ext. 14	Mrs. Ester Siles, R.N.
Marion	Marion General Hospital Wabash and Euclid Avenue	317-662-4694	Joseph W. Green, Hosp. Adm.
Mishawaka	St. Joseph Hospital 215 West 4th Street	219-259-2431	Richard Ganser, M.D.
Muncie	Ball Memorial Hospital 2401 University Avenue	317-747-3241	Joyce Hartley, R.N.
Portland	Jay County Memorial Hospital 505 West Arch Street	317-726-7131 Ext. 159	George Donnelly, M.D. William Devlin, R. Ph.
Richmond	Reid Memorial Hospital 1401 Chester Blvd.	317-692-7010	Tony Divers, M.D. Jessie Snyder, R.N.
Shelbyville	William S. Major Hospital 150 W. Washington Street	317-392-3793	Carolyn Rosenfeld, R.N.
South Bend	St. Joseph Hospital 811 East Madison Street	219-234-2151 Ext. 264, 253	Logan Dunlap, M.D.
Terre Haute	Union Hospital, Inc. 1606 N. Seventh Street	812-232-0361 Ext. 397, 398	Darrell Propst, R. Ph. Sylvia Alexander, R.N.
Valparaiso	Porter Memorial Hospital 814 LaPorte Avenue	219-464-8611	Mrs. Joan Denhart, R.N.
Vincennes	The Good Samaritan Hospital 410 S. Seventh Street	812-885-3348	Donald M. Friedmann, R. Ph.
Indianapolis	<b>**Poison Control Coordinator for Indiana</b> Indiana State Board of Health Hazardous Products Section Division of Drug Control 1330 W. Michigan Street Indianapolis, IN 46206	317-633-0332	William T. Paynter, M.D. Robert J. Murray

# Area Poison Information Centers in Indiana

## ADJACENT STATES

Chicago	<b>Illinois</b>	312-942-5969	St. Louis	Poison Control Center	314-367-6880 Ext. 220
	Rush-Presbyterian—St. Luke's Medical Center 1753 W. Congress Pkwy.			St. Louis Children's Hospital 500 S. Kingshighway	
Louisville	<b>Kentucky</b>	502-589-8222	Cincinnati	*Poison Control Center	513-872-5111
	Norton Children's Hospital Pharmacy Dept. 200 E. Chestnut St.			University of Cincinnati Cincinnati General Hospital 234 Goodman Street	
St. Louis	<b>Missouri</b>	314-772-5200	Columbus	Poison Control Center	614-258-9783 or 228-1323
	Cardinal Glennon Memorial Hospital for Children 1465 S. Grand Blvd.			Children's Hospital 17th St. at Livingston Park	

\*\*Available for information on the functions of all Area Poison Information and Treatment Centers

## INDIANA STATE MEDICAL ASSOCIATION AUXILIARY

1978-1979

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PRESIDENT-ELECT	Mrs. Abner P. Bennett	961 Blue Ridge Road	Evansville 47715
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CORRESPONDING SECRETARY	Mrs. John Guttman	109 Broadview Dr.	Wakarusa 46573
FINANCE	Mrs. Otis R. Bowen	4750 N. Meridian St.	Indianapolis 46208
HISTORIAN	Mrs. Edsel S. Reed	111 Pawnee Dr.	Jeffersonville 47130
PARLIAMENTARIAN	Mrs. Phillip L. Smith	5416 South Wayne Ave.	Fort Wayne 46807
EDITOR	Mrs. G. C. Laker	1412 Hawthorne Rd.	Fort Wayne 46804

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Organization	Mrs. Abner P. Bennett	961 Blue Ridge Rd.	Evansville 47715
Project Bank	Mrs. James A. Marvel	312 Royal Ave.	Evansville 47715
Program Books	Mrs. Robert Kurtz	R.R. 1	Tipton 46072

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AMA-ERF Treasurer	Mrs. Roy L. Fultz	55 Sycamore Rd., Oak Park	Jeffersonville 47130
AMA-ERF Purse Chairman	Mrs. Frederick Mackel	R. 1	Huntertown 46748
Communications	Mrs. Frank B. Throop	5100 Lancelot Dr.	Indianapolis 46208
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Legislation	Mrs. C. D. Egnatz	1217 Melbrook Dr.	Munster 46321
Student Contact	Mrs. Stanley M. Chernish	4403 Radnor Road	Indianapolis 46226

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Co-Chairmen	Mrs. Everett E. Bickers	Rt. 3, Box 572	Floyds Knobs 47119
	Mrs. Joseph Mudd	103 W. Rosewood Dr.	Clarksville 47130
House of Delegates 1978			
Chairman	Mrs. Donald Miller	2487 C. R. 20 East	Elkhart 46514
Chaplain	Mrs. Warren M. Van Campen	11422 Lakeshore Dr.	East Carmel 46032
IMPAC	Mrs. James Guthrie	3112 S. E. Parkway	Richmond 47374
Long Range Planning Committee	Mrs. Philip L. Smith	5416 S. Wayne Ave.	Fort Wayne 46807

### ISMA ADVISOR

Martin J. O'Neill, M.D.	301 Washington Dr.	Valparaiso 46383
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# THE INDIANA STATE MEDICAL ASSOCIATION

3935 N. Meridian, Indianapolis 46208—Telephone 925-7545

1978 Annual Meeting—Oct. 22-25—Clarksville

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President—Eli Goodman, 807 High St., Charlestown 47111

President-Elect—James A. Harshman, M.D., St. Joseph Hospital, Kokomo 46901

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Assistant Treasurer—Joseph F. Ferrara, 111 S. Water St., Franklin 46131

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Speaker of the House—Lloyd L. Hill, 302 N. Duke St., Peru 46970

Vice Speaker—Lawrence E. Allen, 2009 Brown St., Anderson 46016

Executive Director—Mr. Donald F. Foy

## TRUSTEES

District	Term Expires
1—John A. Bizal, Evansville	Oct. 1980
2—Paul W. Holtzman, Bloomington	Oct. 1978
3—Thomas A. Neathamer, Jeffersonville	Oct. 1979
4—Howard C. Jackson, Madison	Oct. 1980
5—Cleon M. Schauwecker, Greencastle	Oct. 1978
6—*Davis W. Ellis, Rushville	Oct. 1979
7—Donald C. McCallum, Indianapolis	Oct. 1980
7—John G. Pantzer, Indianapolis	Oct. 1978
8—Jack M. Walker, Muncie	Oct. 1978
9—Jahn A. Knote, Lafayette	Oct. 1979
10—Martin J. O'Neill, Valparaiso	Oct. 1980
11—Herbert C. Khalouf, Marion	Oct. 1978
12—Alvin J. Haley, Fort Wayne	Oct. 1979
13—Donald S. Chamberlain, South Bend	Oct. 1980

\*Glen Ward Lee, M.D., deceased

## ALTERNATES

District	Term Expires
1—E. DeVerre Gourieux, Evansville	Oct. 1979
2—Edgar R. Cantwell, Vincennes	Oct. 1980
3—Richard G. Huber, Bedford	Oct. 1980
4—Mark M. Bevers, Seymour	Oct. 1979
5—William G. Bannon, Terre Haute	Oct. 1979
7—I. E. Michael, Indianapolis	Oct. 1979
7—Gerald J. Kurlander, Indianapolis	Oct. 1979
8—Ted S. Doels, Middletown	Oct. 1979
9—Max N. Hoffman, Covington	Oct. 1980
10—Leonard W. Neal, Munster	Oct. 1978
11—Fred C. Poehler, La Fontaine	Oct. 1980
12—Franklin A. Bryan, Fort Wayne	Oct. 1980
13—John W. Luce, Michigan City	Oct. 1979

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### Section on Surgery

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Secretary—James A. Madura, Indianapolis

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President—Douglas H. White, Indianapolis

Secy-Treasurer—William Bastnagel, Indianapolis

### Section on Family Practice

Chairman—Harvey Himelstein, Indianapolis

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Chairman—Charles R. Thomas, Indianapolis

Secretary—Hans E. Geisler, Indianapolis

### Section on Ophthalmology and Otolaryngology

Chairman—John Bizal, Evansville

Secretary—Daniel R. Evans, Valparaiso

### Section on Anesthesiology

Chairman—Normand Townley, Indianapolis

Secretary—Wendell Edwards, Indianapolis

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Chairman—Ivan T. Lindgren, Aurora

Secretary—David J. Edwards, Indianapolis

### Section on Radiology

Chairman—Edwin F. Koch, Jr., Muncie

Secretary—Richard Fox, Fort Wayne

### Section on Nervous and Mental Diseases

Chairman—Philip M. Morton, Indianapolis

Secretary—Jeffrey J. Kellams, Indianapolis

### Section on Pathology and Forensic Medicine

Chairman—Robert Reed, Columbus

Secretary—David E. Smith, Indianapolis

### Section on Pediatrics

Chairman—Robert Hannemann, Lafayette

Secretary—William C. Ashman, Fort Wayne

### Section on Directors of Medical Education

Chairman—W. Thomas Spain, Evansville

Secretary—Robert Robinson, Indianapolis

### Section on Cutaneous Medicine

Chairman—Edward Probst, Columbus

Secretary—Patrick Logan, Indianapolis

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Chairman—Paul D. Isenberg, Indianapolis

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Chairman—Robert F. Kimbrough, Fort Wayne

Secretary—Morris S. Friedman, South Bend

### Section on Emergency Medicine

Chairman—David Gettle, Indianapolis

Secretary—Carolyn Cunningham, Indianapolis

## DELEGATES TO THE AMA

Terms expire December 31, 1978:

Delegates: James A. Harshman, Kokomo; Malcolm O. Scamhorn, Pittsboro; Ross L. Egger, Daleville.

Alternates: George T. Lukemeyer, Indianapolis; Everett E. Bickers, Floyd's Knobs; Gilbert M. Wilhelmus, Evansville.

Terms expire December 31, 1979:

Delegates: Patrick J. V. Corcoran, Evansville; Peter R. Petrich, Attica.

Alternates: Thomas C. Tyrrell, Hammond; Marvin E. Priddy, Fort Wayne.

## 1977-1978 DISTRICT MEDICAL SOCIETY OFFICERS

District	President	Secretary	Place, Date of Meeting
1.	James A. Marvel, Evansville	Forrest F. Radcliff, Evansville	May 18, Evansville
2.	Hugh S. Ramsey, Bloomington	James P. Beck, Washington	May 25, Bloomington
3.	Marvin McClain, Scottsburg	Charles X. McCalla, Paoli	Oct. 7-8, Scottsburg
4.	Larry Williams, Madison	Ott B. McAtee, Madison	May 24, Madison
5.	J. Franklin Swaim, Rockville	Clyde Jett, Seelyville	May 3, Terre Haute
6.	O. Lynn Webb, New Castle	James M. Lorber, Shelbyville	May 10, Shelbyville
7.	William Stafford, Plainfield	M. O. Scamahorn, Pittsboro	June 14, Greenwood
8.	Lowell W. Painter, Winchester	Howard Koch, Winchester	June 7, Muncie
9.	Adrian Lanning, Noblesville	John A. Knote, Lafayette	June 8, Lafayette
10.	James R. Brown, Valparaiso	Barron M. F. Palmer, Hammond	May 31, Crown Point
11.	Amando L. Baluyot, Peru	Fred Poehler, La Fontaine	Sept. 20, Peru
12.	Thomas A. Felger, Fort Wayne	R. Wyatt Weaver, Angola	Sept. 7, Fort Wayne
13.	David L. Spalding, Mishawaka	Michael G. Quinn, South Bend	Sept. 13, South Bend

# ISMA Committees and Commissions for 1978-1979

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### MEDICAL-LEGAL

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Fulton  
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# Membership Report for 1977

December 31, 1977

COUNTY	PAID	EXEMPT	ISMA TOTAL	AMA TOTAL	COUNTY	PAID	EXEMPT	ISMA TOTAL	AMA TOTAL
Adams	12	1	13	11	Lake	512	31	543	451
Bartholomew-Brown	69	10	79	51	LaPorte	86	10	96	82
Benton	3	3	6	5	Lawrence	39	4	43	29
Boone	11	6	17	12	Madison	91	16	107	70
Carroll	7	2	9	9	Marshall	20	—	20	18
Cass	31	2	33	23	Miami	13	3	16	13
Clark	62	3	65	45	Montgomery	20	4	24	19
Clay	9	3	12	12	Morgan	18	3	21	15
Clinton	8	3	11	9	Newton	4	—	4	3
Daviess-Martin	13	3	16	10	Noble	11	3	14	13
Dearborn-Ohio	17	1	18	13	Orange	8	1	9	4
Decatur	10	—	10	7	Owen-Monroe	106	8	114	68
Dekalb	13	4	17	15	Parke-Vermillion	11	2	13	7
Delaware-Blackford	125	14	139	97	Perry	5	2	7	7
Dubois	25	3	28	24	Pike	2	—	2	2
Elkhart	105	9	114	89	Porter	80	5	85	79
Fayette-Franklin	22	2	24	21	Posey	3	3	6	6
Floyd	46	5	51	37	Pulaski	5	1	6	3
Ft. Wayne-Allen	323	38	361	297	Putnam	12	3	15	14
Fountain-Warren	9	2	11	10	Randolph	10	7	17	10
Fulton	5	2	7	5	Ripley	8	1	9	6
Gibson	7	5	12	12	Rush	8	1	9	8
Grant	69	10	79	73	St. Joseph	223	37	260	255
Greene	11	4	15	9	Scott	7	1	8	8
Hamilton	20	1	21	13	Shelby	18	4	22	17
Hancock	24	—	24	19	Spencer	2	1	3	1
Harrison-Crawford	8	3	11	9	Starke	8	1	9	7
Hendricks	29	2	31	25	Steuben	11	2	13	12
Henry	31	4	35	27	Sullivan	10	3	13	12
Howard	70	5	75	69	Tippecanoe	151	22	173	144
Huntington	18	5	23	14	Tipton	7	4	11	10
Indpls.-Marion	1,063	143	1,206	979	Vanderburgh	291	29	320	276
Jackson	16	5	21	19	Vigo	110	18	128	92
Jasper	9	—	9	8	Wabash	24	4	28	12
Jay	10	3	13	12	Warrick	9	—	9	4
Jefferson-Switz.	29	3	32	22	Washington	6	—	6	6
Jennings	3	—	3	3	Wayne-Union	74	9	83	71
Johnson	30	3	33	22	Wells	47	7	54	52
Knox	44	4	48	40	White	7	1	8	8
Kosciusko	20	2	22	15	Whitley	9	2	11	11
LaGrange	7	1	8	5	TOTALS	4,529	572	5,101	4,122

# Death of Indiana Physicians in 1977

(M) Member ISMA

(S) Senior Member

(R) Retired

Name	Age	Date of Death	Address	Name	Age	Date of Death	Address
Weeks, Patrick H. (S)	89	Jan. 2	Michigan City	Ward, Paula B.	54	July 20	Fort Wayne
Rudesill, Cecil L. (S)	89	Jan. 3	Indianapolis	Clutter, David R. (M)	32	July 29	Indianapolis
Laycock, Richard M. (M)	45	Jan. 8	Fort Wayne	Martin, Samuel W. (M)	53	July 31	Corydon
Loomis, Norman S. (S)	79	Jan. 21	Indianapolis	McLin, William M.	70	Aug. 2	Indianapolis
Bruetsch, Walter L.	80	Jan. 31	Santa Barbara, Ca.	Dutchman, William R. (M)	54	Aug. 7	Muncie
Higgins, Katherine H.	67	Feb. 8	Evansville	Kelley, Lova	91	Aug. 17	South Bend
Reynolds, R. Perry	67	Feb. 11	San Diego, Ca.	Strueh, Paul E. (M)	57	Aug. 29	Evansville
Cheeseman, Donald D. (M)	41	Feb. 11	Danville	Williams, Everett W. (S)	71	Sept. 3	Columbus
McCormick, Charles O., Jr. (M)	62	Feb. 20	Indianapolis	Hill, Charles W.	77	Sept. 6	Evansville
Conway, Chester C. (S)	72	Feb. 26	Indianapolis	Caplin, Samuel S. (M)	65	Sept. 11	Indianapolis
Vance, William C. (M)	69	Mar. 6	Terre Haute	Stanger, Earl S.	87	Sept. 14	Bloomington
Best, Maurice M., Jr. (M)	57	Mar. 9	New Albany	Green, William L. (S)	70	Sept. 17	Shelbyville
Varner, Victor I. (R)	83	Mar. 15	Evansville	Hovda, Richard B. (M)	52	Sept. 21	Evansville
Jeans, Robert F. (M)	52	Mar. 17	Richmond	Aldrich, Howard (S)	74	Sept. 22	Indianapolis
Tinder, Ezra J.	74	Mar. 19	Indianapolis	Dodds, James U. (M)	76	Oct. 4	Hartford City
Adkins, Harold C., Sr. (R)	74	Mar. 19	Indianapolis	Calvin, Helen M.	49	Oct. 5	South Bend
McCoy, Roy R. (M)	67	Mar. 22	Fort Wayne	Kerrigan, John F. (M)	55	Oct. 5	Michigan City
Donnelly, Robert W. (M)	62	Mar. 27	Beech Grove	Graessle, Harold P. (S)	83	Oct. 7	Seymour
Parker, Harry C. (S)	89	Mar. 28	Hobart	Howe, Fordyce L. (M)	57	Oct. 13	Fort Wayne
Kemp, William A. (M)	69	Apr. 7	Bourbon	Benz, Jesse C. (S)	91	Oct. 18	Marengo
Batties, Paul A. (M)	63	Apr. 17	Indianapolis	Lawler, George F. (S)	80	Oct. 19	Bradenton, Fla.
Schmidt, Loren F. (M)	66	Apr. 22	Indianapolis	Firestein, Ben Z. (M)	69	Oct. 19	South Bend
Mather, John W. (S)	77	May 5	East Gary	Grorud, Alton C. (M)	67	Oct. 21	South Bend
Moehlenkamp, Charles E.	67	May 10	Evansville	Arbuckle, William E. (S)	89	Oct. 22	Indianapolis
Brown, Robert L.	56	May 13	Evansville	Hicks, Murwyn L. (M)	56	Oct. 23	Indianapolis
Matthew, William B. (M)	69	May 25	Indianapolis	Curtner, Myron L. (S)	88	Oct. 26	Vincennes
Hendricks, John W. (S)	74	May 28	Indianapolis	White, Donald G. (M)	47	Oct. 30	South Bend
Gibbs, Joseph W. (R)	71	June 7	Danville	Horwitz, Thomas (M)	68	Oct. 31	Indianapolis
Sicks, Okla W. (S)	84	June 9	Carmel	Garceau, George J. (S)	82	Nov. 5	Indianapolis
Armstrong, Thomas D. (M)	69	June 13	Michigan City	Lyons, Marchael C.	90	Nov. 8	Indianapolis
McElroy, James S. (M)	70	June 17	New Castle	Jolly, Wesley P. (S)	88	Nov. 13	Richland
Fleischer, Jacob C. (M)	65	June 27	Munster	Edwards, William F., Sr. (S)	75	Nov. 17	New Albany
Mathewson, Russell (M)	67	July 2	Muncie	Berkebile, John B.	69	Nov. 21	Peru
Harlan, William L. (M)	53	July 4	Evansville	Spears, John K. (M)	65	Nov. 25	Paoli
Fargher, Francis M. (M)	69	July 7	Michigan City	LaSalle, Robert M., Sr. (S)	76	Nov. 26	Wabash
Ashmore, James E. (M)	50	July 7	Indianapolis	Tiley, George A. (S)	74	Dec. 7	Greenwood
Libbert, Edwin L. (S)	77	July 7	Columbus	Swan, John R. (M)	71	Dec. 11	Indianapolis
Schneider, Carl J. (M)	72	July 7	Indianapolis	Scheurich, Virgil (M)	70	Dec. 25	Oxford
Fish, Clyde M. (S)	87	July 19	Douglas, Mich.	Geick, Raymond G. (M)	65	Dec. 26	Fort Branch
Miller, Dan T. (S)	91	July 28	Fowler				

# Presidents of ISMA Since Its Organization

	Elected	Served		Elected	Served
<b>Medical Convention</b>					
*Livingston Dunlap, Indianapolis	1849	1849	*William F. Howat, Hammond	1911	1912
			*A. C. Kimberlin, Indianapolis	1912	1913
			*John P. Salb, Jasper	1913	1914
<b>Medical Society</b>			*Frank B. Wynn, Indianapolis	1914	1915
*William T. S. Cornett, Versailles	1849	1850	*George F. Keiper, Lafayette	1915	1916
*Ashahel Clapp, New Albany	1850	1851	*John H. Oliver, Indianapolis	1916	1917
*George W. Mears, Indianapolis	1851	1852	*Joseph Rilus Eastman, Indianapolis	1917	1918
*Jeremiah H. Brower, Lawrenceburg	1852	1853	*William H. Stemm, North Vernon	1918	1919
*Elizur H. Deming, Lafayette	1853	1854	*Charles H. McCully, Logansport	1919	1920
*Madison J. Bray, Evansville	1854	1855	*David Ross, Indianapolis	1920	1921
*William Lomax, Marion	1855	1856	*William R. Davidson, Evansville	1921	1922
*Daniel Meeker, LaPorte	1856	1857	*Charles H. Good, Huntington	1922	1923
*Talbot Bullard, Indianapolis	1857	1858	*Samuel E. Earp, Indianapolis	1923	1924
*Nathan Johnson, Cambridge City	1858	1859	*Eldridge M. Shanklin, Hammond	1924	1925
*David Hutchinson, Mooresville	1859	1860			
*Benjamin S. Woodworth, Ft. Wayne	1860	1861	<b>Medical Association</b>		
*Theophilus Parvin, Indianapolis	1861	1862	*Charles N. Combs, Terre Haute	1925	1926
*James F. Hibberd, Richmond	1862	1863	*Frank W. Gregor, Indianapolis	1926	1927
*John Sloan, New Albany	1863	....	*George R. Daniels, Marion	1926	1928
*John Moffett (acting), Rushville	1863	1864	*Charles E. Gillespie, Seymour	1927	1929
*Samuel L. Linton, Columbus	1864	....	*Angus C. McDonald, Warsaw	1928	1930
*Wilson Lockhart (acting), Danville	1864	1865	*Alois B. Graham, Indianapolis	1929	1931
*Myron H. Harding, Lawrenceburg	1865	1866	*Franklin S. Crockett, Lafayette	1930	1932
*Vierling Kersey, Richmond	1866	1867	*Joseph H. Weinstein, Terre Haute	1931	1933
*John S. Bobbs, Indianapolis	1867	1868	*Everett E. Padgett, Indianapolis	1932	1934
*Nathaniel Field, Jeffersonville	1868	1869	*Walter J. Leach, New Albany	1933	1935
*George Sulton, Aurora	1869	1870	*Roscoe L. Sensenich, South Bend	1934	1936
*Robert N. Todd, Indianapolis	1870	1871	*Edmund D. Clark, Indianapolis	1935	1937
*Henry P. Ayres, Ft. Wayne	1871	1872	Herman M. Baker, Evansville	1936	1938
*Joel Pennington, Milton	1872	1873	*Edmund M. Van Buskirk, Ft. Wayne	1937	1939
*Isaac Casselberry, Evansville	1873	....	*Karl R. Ruddell, Indianapolis	1938	1940
*Wilson Hobbs (acting), Knightstown	1873	1874	*Albert M. Mitchell, Terre Haute	1939	1941
*Richard E. Houghton, Richmond	1874	1875	*Maynard A. Austin, Anderson	1940	1942
*John H. Helm, Peru	1875	1876	*Carl H. McCaskey, Indianapolis	1941	1943
*Samuel S. Boyd, Dublin	1876	1877	*Jacob T. Oliphant, Farmerburg	1942	1944
*Luther D. Waterman, Indianapolis	1877	1878	*Nelson K. Forster, Hammond	1943	1945
*Louis Humphreys, South Bend	1878	....	*Jesse E. Ferrell, Fortville	1944	1946
*Benj. Newland (acting), Bedford (v.p.)	1878	1879	*Floyd T. Romberger, Lafayette	1945	1947
*Jacob R. Weist, Richmond	1879	1880	*Cleon A. Nafe, Indianapolis	1946	1948
*Thomas B. Harvey, Indianapolis	1880	1881	*Augustus P. Hauss, New Albany	1947	1949
*Marshall Sexton, Rushville	1881	1882	*C. S. Black, Warren	1948	1950
*William H. Bell, Logansport	1882	1883	*Alfred Ellison, South Bend	1949	1951
*Samuel E. Mumford, Princeton	1883	1884	*J. William Wright, Indianapolis	1950	1952
*James H. Woodburn, Indianapolis	1884	1885	*Paul D. Crimm, Evansville	1951	1953
*James S. Gregg, Ft. Wayne	1885	1886	*Wm. Harry Howard, Hammond	1952	1954
*General W. H. Kemper, Muncie	1886	1887	*Walter L. Portteus, Franklin	1953	1955
*Samuel H. Charlton, Seymour	1887	1888	*Walter U. Kennedy, New Castle	1954	1956
*William H. Wishard, Indianapolis	1888	1889	*Elton R. Clarke, Kokomo	1955	1957
*James D. Gatch, Lawrenceburg	1889	1890	M. C. Topping, Terre Haute	1956	1958
*Gonsalvo C. Smythe, Greencastle	1890	1891	Kenneth L. Olson, South Bend	1957	1959
*Edwin Walker, Evansville	1891	1892	Earl W. Mericle, Indianapolis	1958	1960
*George F. Beasley, Lafayette	1892	1893	Guy A. Owsley, Hartford City	1959	1961
*Charles A. Daugherty, South Bend	1893	1894	*Harry R. Stimson, Gary	1960	1962
*Elijah S. Elder, Indianapolis	1894	....	Maurice E. Glock, Fort Wayne	1961	1963
*Charles S. Bond (acting), Richmond	1894	1895	Donald E. Wood, Indianapolis	1962	1964
*Miles F. Porter, Ft. Wayne	1895	1896	Joseph M. Black, Seymour	1963	1965
*James H. Ford, Wabash	1896	1897	*Kenneth O. Neumann, Lafayette	1964	1966
*William N. Wishard, Indianapolis	1897	1898	Eugene S. Rifner, Van Buren	1965	1967
*John C. Sexton, Rushville	1898	1899	*G. O. Larson, LaPorte	1966	1968
*Walker Schell, Terre Haute	1899	1900	Patrick J. V. Corcoran, Evansville	1967	1969
*George W. McCaskey, Ft. Wayne	1900	1901	Lowell H. Steen, Hammond	1968	1970
*Alembert W. Brayton, Indianapolis	1901	1902	Malcolm O. Scamahorn, Pittsboro	1969	1971
*John B. Berteling, South Bend	1902	1903	Peter R. Petrich, Attica	1970	1972
*Jonas Stewart, Anderson	1903	1904	James H. Gosman, Indianapolis	1971	1973
*George T. MacCoy, Columbus	1904	1905	Joe Dukes, Dugger	1972	1974
*George H. Grant, Richmond	1905	1906	Gilbert M. Wilhelmus, Evansville	1973	1975
*George J. Cook, Indianapolis	1906	1907	Vincent J. Santare, Munster	1974	1976
*David C. Peyton, Jeffersonville	1907	1908	John W. Beeler, Indianapolis	1975	1977
*George D. Kahlo, French Lick	1908	1909	Eli Goodman, Charlestown	1976	1978
*Thomas C. Kennedy, Shelbyville	1909	1910			
*Frederick C. Heath, Indianapolis	1910	1911			

\*Deceased.









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